

Health Record

Doctor's Name: _____ Phone Number: _____

Care Card # _____

Dentist's Name: _____ Phone Number: _____

Is your child immunized? _____ if yes, please attach a photocopy of record.

If no, please state reason _____

Any allergies? _____ if yes, list _____

Reactions: _____

Procedures: _____

Any other medical problems? _____

Is your child on any medications? If yes, list and state reason _____

Special food requirements: _____

Does child have any vision, hearing or speech concerns? If yes, list _____

Any learning/physical or behavior/emotional concerns? If yes, list _____

Any recent significant changes in your child's life? (i.e. death, separation, move, new sibling, etc.) _____

How long has your child been toilet-trained (only for 1-3 year olds)? _____

Medical History

Has your child had any of the following: (please mark all that apply)

- | | | | | | |
|--|-----------------------------------|-------------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Measles | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Pink Eye | <input type="checkbox"/> Croup | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Bowel Disorders |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Respiratory Problems |

Please provide the following with this registration form:

- | | | |
|--|--|--|
| <input type="checkbox"/> Birth Certificate Copy | <input type="checkbox"/> Emergency Consent Form | <input type="checkbox"/> \$100.00 registration fee |
| <input type="checkbox"/> Postdated cheques until June | <input type="checkbox"/> \$5.00 annual emergency package | <input type="checkbox"/> Immunization record copy |
| <input type="checkbox"/> A one-time Deposit of \$250.00* | | (or letter if not immunized) |

*to secure the space for your child: refundable only if child attends Kids Club and account is current after the notice period.

General Information

Has your child had a group experience prior to this one: Yes No

Describe any previous experience: _____

Describe your child's play interests: _____

Does your child usually have a naptime, if so for how long: _____

Does your child have any fears? _____

What types of guidance, discipline and control methods does your child respond well to? _____

Alternate Authorized Adults

(List those who may pick up your child if you were not able to.)

I give permission for the following people to pick up/drop off my child, _____ from the Centre.

(List adults only. Please note that they will be asked for i.d. when they come the first time.)

1. _____ Relationship: _____ Phone #: _____

2. _____ Relationship: _____ Phone #: _____

3. _____ Relationship: _____ Phone #: _____

Out of town/province Emergency / Earthquake Contacts:

(These people would be called only when parents or the alternate authorized persons cannot be reached)

1. _____ Relationship: _____ Phone #: _____

2. _____ Relationship: _____ Phone #: _____

*** In case of accident or illness, I authorize qualified staff of BCCA Kids Club Centre to administer first aid or to call an ambulance. I agree to pay all the cost that may come with this hospital visit and/or ambulance ride.**

Yes No _____ **Parent/Guardian Signature**

*** I give permission for my child to participate in spontaneous walks/drives within close proximity of the Centre or play on the BCCA playground and other neighboring playgrounds.**

Yes No _____ **Parent/Guardian Signature**

*** I give permission for my child to be photographed, videotaped for classroom usage, and/or general advertising for the Centre or by a practicum student.**

Yes No _____ **Parent/Guardian Signature**

Observation Consent Form

I give permission for my child, _____ to be observed at BCCA Kids Club. I understand that from time to time students may be at the centre for a practicum and observe my child as a part of their studies. I also know that the student will not refer to my child in any written manner by his/her real name and that all information recorded will be written objectively, treated professionally, as well as, kept confidential.

Parent / Guardian Signature

Date

Field Trip Consent Form

I give permission for my child, _____ to accompany BCCA Kids Club on all field trips during the school year. I understand that prior notices of field trips will be given to parents and that children will be transported to and from local places by van/bus or will walk to the local destination. There may be an additional charge for field trips to cover the cost of hiring a bus, and occasionally an admission fee, depending on the nature of the field trip.

Parent / Guardian Signature

Date

Parents/Guardians and BCCA Kids Club Centre Agreement

1. The monthly fee is payable on the first (1st) of each month. A late fee will be charged for payments not received by the fifteenth (15th) of each month. The Centre reserves the right to terminate care if accounts are delinquent.
2. There is a charge of \$45.00 for any returned payments and replacement cash payment to be made immediately. Parent(s) agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection agencies, legal fees and court costs.
3. The parent shall not be entitled to any refund, full or in part, for any time during which the child is absent from the Centre due to vacation, illness or any other reason. If the child is absent more than three consecutive days for any reason, Parents/Guardians shall advise the Centre in writing, explaining the reason for the child's absence and when the child might be expected to return.
4. Parents/Guardians shall give **one month written notice on the 1st of the month** to the Centre in the event that they decide to withdraw the child from this enrollment and failure to provide such notice shall result in the forfeit of one month tuition. **The Centre will not accept any withdrawal notice in the last three months of the academic year (April 1st – June 30th)**
5. Parents/Guardians understands and acknowledges that in the event that the child is not suited for the programs of the Centre, or if the terms of this agreement are not complied with; the Parent may be required to withdraw their child from the Centre. They will be consulted regarding the suitability of the child prior to being given not less than one week's notice for the withdrawal of the child from the Centre.
6. In the event that another individual(s) other than those noted in the records of the Centre, are picking up the child from Centre, Parents/Guardians shall advise the Centre in writing.
7. Parents/Guardians shall fully disclose in writing (Annual Care-Plan), any medical conditions, allergies, special dietary needs or any other special requirements of the child before and during the child's enrollment, to the Centre. Written notification of any changes to the child's personal information is required immediately.
8. Parents must provide the Centre with a copy of a **legal custody agreement** before any requests pertaining to such matters will be entertained.
9. Parents/Guardians acknowledge that if the child is not collected at the end of their scheduled program, they **shall pay an additional fee of \$1.00 per minute per child of late pick up, directly to the closing staff in cash.**
10. The Centre is closed on all statutory holidays, Easter Monday, Christmas week & the week prior to Labour Day.

I, _____ hereby certify that the information I have provided in this Contract and Application form is true and correct. I have read and understood the Centre's policies, rules and regulations as stated above and in the Kids Club Parent's Handbook (existing and amended periodically) and agree to abide by them at all times.

Parent/Guardian Signature

Date