RE-REGISTRATION FORM 2020 - 2021

BRITISH COLUMBIA CHRISTIAN ACADEMY KIDS CLUB CENTRE
1019 FERNWOOD AVE
PORT COQUITLAM – BC V3B 5A8
604-942-3746 ; 604-941-8426
kidsclub@bccaschool.ca
www.bcchristianacademy.ca

PROGRAM: **GDC – JRK – JRK/E – ITC**
(Circle one) **K-OSC – OSC**

DATE OF JOINING: DD-MMM-YYYY

DAYS/TIMES: **M T W R F**
Circle days requested

SUMMER YYYY: JULY – YES / NO AUGUST – YES / NO

LAST NAME: _____ GENDER: _____

LEGAL NAME(S): _____

PREFERRED NAME: _____

DATE OF BIRTH: DD-MMM-YYYY

HOME PHONE: _____

HOME ADDRESS: _____

_____

MOTHER/GUARDIAN NAME: _____

CELL: _____ WORK: _____

EMAIL: _____

FATHER/GAURDIAN NAME: _____

CELL: _____ WORK: _____

EMAIL: _____

EMERGENCY CONTACT(S): _____

PHONE NO(S): _____

OUT OF TOWN CONTACT(S): _____

PHONE NO(S): _____

CHILD'S DOCTOR: _____

PHONE NO(S): _____

CHILD'S DENTIST: _____

PHONE NO(S): _____

*ANY ALLERGIES: _____

*MEDICATIONS: _____

***OTHER MEDICAL CONCERNS:** _____

CARE CARD NO: _____

*FOR CHRONIC HEALTH CONDITIONS, PLEASE COMPLETE & SUBMIT STUDENT CARE PLAN

CONSENT FORM:

1. I/We have read the Kids Club Parent's handbook and fully agree to support its policies and procedures, existing and amended.
2. I/We will provide written notification of any changes to personal information immediately and fully disclose any medical conditions, allergies, special dietary needs or any other special requirements of the child.
3. I/We agree to pay the monthly fee by the first of each month and late fee for payment after the fifteenth of each month.
4. I/We agree to bear all costs incurred in collecting any unpaid amounts including but not limited to collection agencies, legal fees and court costs.
5. I/We understand that Kids Club reserves the right to terminate care if accounts are delinquent.
6. I/We agree to pay the closing staff $1.00 per minute in cash for each additional minute that my child is picked up late.
7. I/We agree to provide one month's written notice if our child is withdrawn or one month's fee in lieu of notice.
8. I/We have read and understand the above and agree to abide by all the Centre's policies at all times.

_____
SIGNATURE OF PARENT(S) / GUARDIAN(S)

_____
PLEASE PRINT NAME(S)

_____
DATE

**** PLEASE SUBMIT $35.00 RE-REGISTRATION & EMERGENCY PACKAGE FEE. THANKS!**