



BCCA Kids Club Out of School

604-942-3746



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Application for Enrollment

Class you wish to register for:

- Before School
- After School
- Before & After School
- Kindercare

Present Date: _____ Starting Date: _____

Child's Full Name: _____ Male: _____ Female: _____

Date of Birth: (m/d/y) _____ / _____ / _____ Birthplace: _____
month day year

Home Address: _____

(postal code) _____ Home Telephone Number: _____

Mother's/Guardian's Name: _____ Cell/Pager #: _____

Occupation: _____ Work #: _____

Father's/Guardian's Name: _____ Cell/Pager #: _____

Occupation: _____ Work #: _____

Marital Status: Married _____ Separated _____ Single _____ Divorced _____

Please indicate who has legal guardianship of this child:

Parent(s) _____ Joint custody () yes () no / Sole custody () yes () no

Further information necessary for centre in case of alternate parent arriving unannounced:

Names of brothers/sisters: Name: _____ Age: _____

Name: _____ Age: _____ / Name: _____ Age: _____

A \$20.00 registration fee and copy of immunization record is required with this form.

Office Use Only

Date Received _____ Handbook Given _____

Immunization Record _____ \$20.00 Registration Fee _____

Method of Payment _____

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 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.)

Medical History

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

Chicken Pox _____ Measles _____ Mumps _____ Scarlet Fever _____ Rheumatic Fever _____ Bronchitis _____

Whooping Cough _____ Pink Eye _____ Ear Infection _____ Bowel Disorders _____ Croup _____ Asthma _____

Pneumonia _____ Diabetes _____ Epilepsy _____ Eczema _____ Heart Condition _____ Respiratory Problems _____

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: _____

What do you hope to be included in this OOS experience? _____

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 OOS:

(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 #: _____

Emergency / Earthquake Contacts: (These people would be called if parents could not be reached)

1. _____ Relationship: _____

Home Phone #: _____ Cell/Pager #: _____

2. _____ Relationship: _____

Home Phone #: _____ Cell/Pager #: _____

*** In case of accident or illness, I authorize qualified staff of BCCA Kids Club administer first aid or to call an ambulance.**

() Yes () No _____ Parent/Guardian Signature

*** I give permission for my child to participate in spontaneous walks within walking distance 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 / video taped for classroom usage or general advertising for the centre.**

() Yes () No _____ Parent/Guardian Signature

Field Trip Consent Form

I give permission for my child, _____ to accompany BCCA Kids Club OOS on all class 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 daycare van.

Parent / Guardian Signature: _____

Date: _____

Parent/Guardian and BCCA Kids Club Out of School Agreement

Parents/Guardians must give notification for vacation periods or extended absences due to illness or otherwise. No refunds will be given for days missed from out of school.

Parents/Guardians must provide written notification of any changes to their personal information. The Out of School reserves the right to any information that is pertinent to the child and to his/her daily routine.

Children must be signed in and out when dropped off and picked up. Only persons on the authorized list will be allowed to pick up your child from Out of School. The out of school will not release a child unless notification has been given.

Termination of care: both parties agree to submit one month's notice on the first of the month or one month's fees will be forfeited. The management of BCCA Kids Club Centre reserves the right to release or suspend a child in the best interest of the child or the Out of School. Parents/Guardians will be notified.

The Out of School is closed on all statutory holidays, Easter Monday, and one week for Christmas.

I, _____ have read and understood the above and agree to abide by all the Out of School's policies at all times.

_____ (Parent/Guardian Signature) _____ Date

Office Use Only

Tuition Payment Plan

Please post date cheques for the 1st of the month.

September _____ October _____ November _____ December _____ January _____

February _____ March _____ April _____ May _____ June _____