

RE-REGISTRATION FORM 20__-20__



Please attach a photo with your submission

LAST NAME: _____ GENDER: _____

LEGAL NAME(S): _____

PREFERRED NAME: _____

DATE OF BIRTH: _____

HOME PHONE: _____

HOME ADDRESS: _____

MOTHER/GUARDIAN NAME: _____

CELL: _____ WORK: _____

EMAIL: _____

FATHER/GUARDIAN NAME: _____

CELL: _____ WORK: _____

EMAIL: _____

EMERGENCY CONTACT(S): _____

PHONE NO(S): _____

OUT OF PROVINCE CONTACT(S): _____

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/RENEW THE STUDENT CARE PLAN (valid one year only).

PROGRAM: GDC | JRK | JRK/E | ITC | K-OSC | OSC

DATE OF JOINING: DD-MMM-YYYY

DAYS: M Tu W Th F

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

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 I/We agree to provide one month's written notice if our child is withdrawn or one month's fee in lieu of notice.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 understood the above and agree to abide by all the Centre's policies at all times.

SIGNATURE OF PARENT/ GUARDIAN

PLEASE PRINT NAME _____ DATE _____

**RE-REG. FEE \$25.00 ANNUAL E-PKG FEE \$10.00

PLEASE COLLECT \$35.00 WITH MY MONTHLY EFT

CHEQUE# _____ ATTACHED

I WILL E-TRANSFER TO kcadminassistant@bccaschool.ca
(Password: [bccakidsclub](#))

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____