

# RE-REGISTRATION FORM 20\_\_-20\_\_



Please attach a  
photo with your  
submission

PROGRAM:

☐ GDC | ☐ JKC | ☐ ITC | ☐ OSC  
☐ SPRING CAMP YYYY (SCHOOL AGE)  
☐ SUMMER CAMP YYYY (SCHOOL AGE)

DATE OF JOINING: DD-MMM-YYYY

DAYS:

☐ M ☐ Tu ☐ W ☐ Th ☐ F

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

## 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 or fifteenth 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 or if I/we have failed to abide by the policies as stated in the Kids Club Parent's Handbook.
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 I/We agree to provide one month's written notice if our child is withdrawn or one month's fee in lieu of notice.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

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