



**DAYCARE APPLICATION
FOR CHILDREN 0-5 YEARS
2016-2017**

Child's Full Name:

Kids Klub Start Date:

Age:

Birth date:



Check the type of care you require:

<p>Little Spartans (Claremont School) September- June Monday-Friday 8:00am-4:00pm (Closed during Christmas Break, Spring Break & Summer)</p>	<p>Full Time Care: \$725.00 per month</p>																												
<p>Little Beavers (Beaver Lake School) Full Year Program Monday-Friday 7:30am-5:00pm (Closed December 19th – 23rd , 2016)</p>	<p>Full Time Care (Under 3yrs): \$910.00 per month Full Time Care (Over 3yrs): \$750.00 per month</p>																												
<p align="center">Part Time Care (Based upon availability) Please circle the type of care you will require Days: Mon / Tue / Wed / Thu / Fri</p>	<table border="1"> <tr> <th colspan="4">Little Spartans</th> </tr> <tr> <td>1 day/week</td> <td>2 days/week</td> <td>3 days/week</td> <td>4 days/week</td> </tr> <tr> <td>\$150.00</td> <td>\$300.00</td> <td>\$450.00</td> <td>\$600.00</td> </tr> <tr> <th colspan="4">Little Beavers</th> </tr> <tr> <td>1 day/week</td> <td>2 days/week</td> <td>3 days/week</td> <td>4 days/week</td> </tr> <tr> <td>Under 3 \$190.00</td> <td>Under 3 \$380.00</td> <td>Under 3 \$570.00</td> <td>Under 3 \$760.00</td> </tr> <tr> <td>Over 3 \$160.00</td> <td>Over 3 \$320.00</td> <td>Over 3 \$480.00</td> <td>Over 3 \$640.00</td> </tr> </table>	Little Spartans				1 day/week	2 days/week	3 days/week	4 days/week	\$150.00	\$300.00	\$450.00	\$600.00	Little Beavers				1 day/week	2 days/week	3 days/week	4 days/week	Under 3 \$190.00	Under 3 \$380.00	Under 3 \$570.00	Under 3 \$760.00	Over 3 \$160.00	Over 3 \$320.00	Over 3 \$480.00	Over 3 \$640.00
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<p>Drop In Care (Based upon availability)</p>	<table> <tr> <td>Little Spartans \$45.00 per day</td> <td>Little Beavers \$50.00 per day</td> </tr> </table>	Little Spartans \$45.00 per day	Little Beavers \$50.00 per day																										
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I understand that by enrolling my child for the above program, I am responsible for the total cost of care. I understand that if I wish to withdraw my child's enrollment in entirety, or in part, I must contact Kids Klub in writing **Four Weeks** previous to the time care is to be given in order to have the fees waived.

Parent Signature

Name (Please Print)

Date

PLEASE RETURN TO KIDS KLUB HEAD OFFICE AT:

4828 WEST SAANICH RD. VICTORIA, BC V8Z 3H5
PHONE: (250) 881-1223 FAX: (250) 881-1146
WWW.KIDSKLUB.CA



Application for Registration

A Non-Profit Organization Committed to Providing Quality Child Care

Family Information	<p>Child's Name: _____ Age: ___ Birth date: _____ Gender: M ___ F ___</p> <p>Name of Enrolling Parent: _____ Cell Phone: _____</p> <p>Street Address: _____ Home Phone: _____</p> <p>City: _____ Postal/Zip: _____ E-mail: _____</p> <p>Employer: _____ Work Phone: _____</p> <p>Name of Second Parent: _____ Cell Phone: _____</p> <p>Street Address: _____ Home Phone: _____</p> <p>City: _____ Postal/Zip: _____ E-mail: _____</p> <p>Employer: _____ Work Phone: _____</p> <p>Siblings Names & Ages: _____</p> <p>(only if in Kids Klub) _____</p>
Custody Restrictions	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so please attach court order and state general conditions here: _____</p> <p>Names of people <i>not authorized</i> to have access to your child: _____</p>
Emergency Contacts	<p>Name: _____ Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p> <p>Name: _____ Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p> <p>Name: _____ Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>
Persons Authorized to Pick up Child	<p>Name: _____ Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p> <p>Name: _____ Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p> <p>Name: _____ Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>
Arrivals & Departures	<p>CHILDREN WILL NOT BE RELEASED ON THEIR OWN. CHILDREN MUST BE SIGNED OUT OF THE PROGRAM BY A PARENT OR BY A PERSON AUTHORIZED TO PICK UP.</p>

Check if same as above

Health

Family Doctor _____ Phone _____

BC Medical Health Number _____

Has your child had any serious health problems that we need to be aware of? Yes No

If yes, explain: _____

Does your child have any Special Needs? Yes No

If yes, explain: _____

Does your child take any regular medications: Yes No

If yes, explain: _____

YOU ALSO MUST COMPLETE AN 'AUTHORIZATION TO ADMINISTER MEDICATION FORM' AVAILABLE AT THE KIDS KLUB LOCATION YOUR CHILD IS ATTENDING.

Have you noticed an allergy to any particular food or insects? Yes No

If yes, explain: _____

Special Diet/Food Preferences: _____

Immunization

Please indicate the dates on which immunization was administered:

	1 st visit	2 nd visit	3 rd visit	12 months	18 months	5-6 years	Grade 6
Diphtheria				N/A			N/A
Pertussis				N/A			N/A
Tetanus				N/A			N/A
Poliomyelitis				N/A			N/A
HIB				N/A		N/A	N/A
Measles	N/A	N/A	N/A			N/A	N/A
Mumps	N/A	N/A	N/A			N/A	N/A
Rubella	N/A	N/A	N/A			N/A	N/A
Hepatitis B				N/A	N/A	N/A	

PLEASE NOTE: Vancouver Island Health Authority requires these dates to be on file. Kids Klub does not keep these dates on record from year to year. Photocopies are accepted.

General

Has your child previously attended a daycare? Yes No

Is there any other information about your child that would be helpful for the staff in order to best care for your child? (Needs, concerns, interests, hobbies, etc.) _____

Policies & Procedures	<p align="center">Please refer to the attached PROGRAM CONDITIONS and familiarize yourself with Kids Klub Policies and Procedures.</p> <p>I have read and accept the policies and procedures outlined in the Program Conditions.</p> <p align="center">_____</p> <p align="center">Signature Date</p>
Permissions	<ol style="list-style-type: none"> 1. I hereby give permission for my child _____ to go on field trips arranged by Kids Klub Program Staff (I understand that I will be informed in advance of any unusual field trips): <input type="checkbox"/>Yes <input type="checkbox"/>No 2. I hereby give permission to have pictures taken of my child in the program setting for general record keeping and publicity purposes: <input type="checkbox"/>Yes <input type="checkbox"/>No 3. I understand that in case of accident or illness, if a parent or guardian cannot be reached, Kids Klub will phone an ambulance and a staff will accompany your child to the hospital. I give my authorization for emergency health services. 4. I accept all responsibility for payment of all accounts rendered to my family. 5. I certify that the information given in this form is complete and true in every respect, and that I am the legal Parent/Guardian of _____. <p align="center">_____</p> <p align="center">Signature Date</p>



Payment Agreement

2016/2017

Parent Name: _____

Child Name: _____

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

Payment Option # 1 POST-DATED CHEQUES

Please enclose post-dated cheques dated for the period of **September-June**

Payment Option # 2 PRE-AUTHORIZED PAYMENT

Semi-Monthly 1st \$ _____ & 15th \$ _____ Commencing _____ 201__
Month Year

Monthly 1st \$ _____ Commencing _____ 201__
Month Year

PLEASE ATTACH A VOID CHEQUE AND SIGN BELOW

These services are for personal

Payment Option # 3 VISA/MASTERCARD

Monthly 8th \$ _____ Commencing _____ 201__
Month Year

Check here if you wish to have your monthly fees, including any additional charges (ie. Pro D days or Early Dismissals etc) charged to your account.

*****To have the *Registration Fee* charged to your card, please initial here_____**

Full name of Card Holder: _____

Expiration Date: /
Month Year

MasterCard Number 5

VISA Number 4

I hereby authorize Vancouver Island Kids Klub Centre Society through Royal Bank of Canada (*Payment Option #2*) to make the above scheduled debits from my chequing account or Moneris Solutions (*Payment Option #3*), to make debits from my credit card on a monthly basis. This authorization is to remain in effect until cancelled in writing, or until the childcare program period ends. These withdrawals are for the purchase of personal services.

Parent Signature (Account Holder)

Date

Member # _____



If you do not complete the following items your registration will NOT be processed.

1. **\$25.00** Registration fee: Please submit this fee with your registration package.

2. Payment method: Please submit a payment option (*complete attached Payment Agreement Form*)

As per Kids Klub Program Conditions, arrangements for payment are required to be on file for the duration of a child's registration in a Kids Klub program.

I am eligible for Subsidy (*Please submit a Care Provider Form to be completed on your behalf*).

***Please note that subsidy does not normally cover the full cost of care. Please select a second method for payment of your parent portion. If you need help calculating this amount please contact the Kids Klub Head Office at 881-1223.

In addition parents may pay additional amounts (i.e. for Christmas Camp or Professional Days) by VISA, MasterCard, Cheque or Cash. Sites will not accept cash payments in excess of \$30.00.