



# APPLICATION FOR SCHOOL YEAR PROGRAMS 2016 - 2017

## FOR CHILDREN KINDERGARTEN – GRADE 7

<b>Child's Full Name:</b>		
<b>School Attending:</b>	<b>Teacher:</b>	
<b>Kids Klub Start Date:</b>	<b>Grade:</b>	<b>Age:</b>



**Check the type of care you require: (Hours: 7am – 5:30pm)**

<input type="checkbox"/>	<b>Before &amp; After School Care</b> (Full Time)	Please see rates sheet for details
<input type="checkbox"/>	<b>After School Care Only</b> (Full Time)	Please see rates sheet for details
<input type="checkbox"/>	<b>Before School Care Only</b> (Full Time)	Please see rates sheet for details
<input type="checkbox"/>	<b>Part Time Care</b> (Based upon availability) (Please circle the type of care you will require)	Before School / After School / Both Days: Mon / Tue / Wed / Thu / Fri
<input type="checkbox"/>	<b>Drop In</b> (Based upon availability)	If known, please attach details of the care you would require.
<input type="checkbox"/>	<b>School Vacation Care Only</b> (Please circle the type of care you will require)	Christmas Holiday / Spring Break List dates of care needed:
<input type="checkbox"/>	<b>SUBSIDY:</b> Please check off if you are eligible.	

**Please refer to the attached Kids Klub Rates Sheet for full explanation of the rates**

I understand that by enrolling my child for the above weeks, **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

<b>Family Information</b>	<p><b>Child's Name:</b> _____ Age: ___ Birth date: _____ Gender: M ___ F ___</p> <p><b>Name of Enrolling Parent:</b> _____ Cell Phone: _____</p> <p>Street Address: _____ Home Phone: _____</p> <p>City: _____ Postal/Zip: _____ E-mail: _____</p> <p>Employer: _____ Work Phone: _____</p> <p>Driver's License #: _____ SIN#: _____</p> <p><b>Name of Second Parent:</b> _____ Cell Phone: _____</p> <p>Street Address: _____ Home Phone: _____</p> <p>City: _____ Postal/Zip: _____ E-mail: _____</p> <p>Employer: _____ Work Phone: _____</p> <p>Siblings Names &amp; Ages: _____</p> <p>(only if in Kids Klub) _____</p>
<b>Custody Restrictions</b>	<p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>If so please attach court order and state general conditions here: _____</p> <p>Names of people <b><i>not authorized</i></b> to have access to your child: _____</p>
<b>Emergency Contacts</b>	<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>
<b>Persons Authorized to Pick up Child</b>	<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>
<b>Arrivals &amp; Departures</b>	<p><b>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. ALL AUTHORIZED PEOPLE TO PICK UP MUST BE AT LEAST 16YRS OF AGE!</b></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 have a Special Needs worker at School:** Yes No**IF YOU ANSWERED YES, AND YOUR CHILD IS NOT CURRENTLY REGISTERED IN KIDS KLUB PLEASE CONTACT THE HEAD OFFICE BEFORE SUBMITTING YOUR APPLICATION.****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: \_\_\_\_\_

**Immunizations**

Please indicate the dates on which immunization was administered:

	1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	12 months	18 months	5-6 years	Grade 6
<b>Diphtheria</b>				N/A			N/A
<b>Pertussis</b>				N/A			N/A
<b>Tetanus</b>				N/A			N/A
<b>Poliomyelitis</b>				N/A			N/A
<b>HIB</b>				N/A		N/A	N/A
<b>Measles</b>	N/A	N/A	N/A			N/A	N/A
<b>Mumps</b>	N/A	N/A	N/A			N/A	N/A
<b>Rubella</b>	N/A	N/A	N/A			N/A	N/A
<b>Hepatitis B</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.Please check box if you have chosen not to immunize your child  Parent's initial \_\_\_\_\_

<b>General</b>	<p><b>We work to make swimming as safe as possible for your children at the pool/lake. To help us achieve this please indicate the water level you would like your child to go:</b></p> <p><input type="checkbox"/>Waist level   <input type="checkbox"/>Shoulder level   <input type="checkbox"/>Over the head</p> <p>Has your child previously attended a daycare or before &amp; after school care program? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>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.) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<b>Policies &amp; Procedures</b>	<p><b>Please refer to the attached PROGRAM CONDITIONS and familiarize yourself with Kids Klub Policies and Procedures.</b></p> <p>I have read and accept the policies and procedures outlined in the Program Conditions.</p> <p>_____</p> <p style="text-align: center;"><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>
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<b>Permissions</b>	<ol style="list-style-type: none"> <li><b>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</b></li> <li><b>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</b></li> <li><b>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.</b></li> <li><b>4. I accept all responsibility for payment of all accounts rendered to my family.</b></li> <li><b>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 _____.</b></li> </ol> <p>_____</p> <p style="text-align: center;"><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>
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<b>OFFICE USE ONLY</b>			
<b>Start Date</b>		<b>Withdrawal Date</b>	



# Kids Klub 2016/2017 Rates

School Year

## Before & After School Full Time Monthly Rates

Type of Care:	Monthly Rate	Bus Fee** (If Applicable)	Full Day*** (Pro-D days & School Vacation days)
Morning Care Only	\$150.00	N/A	\$32.00
After School Care Only	\$290.00	\$30.00	\$25.00
Morning & After School Care	\$400.00	\$30.00	\$20.00

\*\*The Van Fee will be applied to children in the Full Time After School Program who are being transported from School to a site by Kids Klub.

\*\*\*The Full Day charge applies to Christmas & Spring Break Camps & Pro-D Days. It will be charged at the end of the month. This is an additional fee that only applies if you sign your child up for care on these days.

## Part Time Monthly Rates

Type of Care:	1 day/week	2 days/week	3 days/week	Full Day***
Morning Part Time	\$36.00	\$72.00	\$108.00	\$31.00
After School Part Time	\$80.00	\$160.00	\$240.00	\$20.00

## Drop In Daily Rates

Type of Care:	Daily Rate	Full Day***
Morning Drop In	\$9.00	\$40.00
After School Drop In	\$20.00	\$40.00

## Other Charges

NSF Cheque Charge	\$25.00
Early Dismissal ( <i>Earlier than 1:30pm</i> )	\$8.00/hour
Late Pick Up Fee ( <i>per child</i> )	\$10.00/ half hour or portion thereof
Interest	2% on any balance outstanding at the end of each month
No Notice/Absent child	\$10.00



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

1. **\$50.00** Registration fee: Please submit this fee with your registration package. (**\$25.00** of your registration fee will be credited to your account if you do not withdraw from your first month of care)

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.



# 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 1<sup>st</sup> \$ \_\_\_\_\_ & 15<sup>th</sup> \$ \_\_\_\_\_ Commencing \_\_\_\_\_ 201\_\_  
Month Year

Monthly 1<sup>st</sup> \$ \_\_\_\_\_ 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 (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