



APPLICATION FOR SUMMER 2017 DAY CAMPS

Please Select a Program Location:

Beaver Lake Site 4828 West Saanich Rd.	Gordon Head Site 1806 San Juan Ave	Western 1 Site 953 Goldstream Ave.
Marigold Site 505 Marigold Rd.	Pearkes Site 3100 Tillicum Rd	

Registration for a location is given on a first-come first-served basis



Check all weeks you require care: (Hours: 7am – 5:30pm)

Week 1	July 4 th – 7 th	\$170.00
Week 2	July 10 th – 14 th	\$190.00
Week 3	July 17 th – 21 st	\$190.00
Week 4	July 24 th – 28 th	\$190.00
Week 5	July 31 st – August 4 th	\$190.00
Week 6	August 8 th – 11 th (CLOSED AUGUST 7 TH)	\$170.00
Week 7	August 14 th - 18 th	\$190.00
Week 8	August 21 st – 25 th	\$190.00
Week 9	August 28 th – September 1 st	\$190.00

***For parents who have a child who will be entering Kindergarten in September 2017 and wanting to register for our Summer Programs, must first contact the Registrar at the Head Office no later than May 1st.

Sub Total	\$
Registration Fee	+ \$ 40.00
TOTAL	\$

I understand that by enrolling my child for the above weeks, I am responsible for the total cost of care.

Please see attached ****NEW SUMMER WITHDRAWAL POLICY****.

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>Driver's License #: _____ SIN#: _____</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 <input type="checkbox"/> <i>Check if same as above</i>	<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. ALL AUTHORIZED PEOPLE TO PICK UP MUST BE AT LEAST 16YRS OF AGE!</p>

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 support 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:

Vaccine	2 Months	4 Months	6 Months	12 Months	18 Months	Starting at 4 years of Age
Varicella						
Diphtheria						
Tetanus						
Pertussis						
HIB						
Polio						
Flu						
Measles						
Mumps						
Rubella						
Men - C						
PCV 13						
Rotavirus						

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 _____

General

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:

Waist level Shoulder level Over the head

Has your child previously attended a daycare or before & after school care program? 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

Please refer to the PROGRAM CONDITIONS and familiarize yourself with Kids Klub Policies and Procedures.

I have read and accept the policies and procedures outlined in the Program Conditions.

Signature **Date**

Permissions

- 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): Yes No**
- 2. I hereby give permission to have pictures taken of my child in the program setting for general record keeping and publicity purposes: Yes 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 _____.**

Signature **Date**

Parent Name: _____

Child Name: _____

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

Payment Option # 1 POST-DATED CHEQUES

Cheques enclosed: 1 Cheque for July dated for the 1st of the month

(Covering all weeks your child is signed up in July)

1 Cheque for August dated for the 1st of the month

(Covering all weeks your child is signed up in August/Sept)

****If your summer payment is returned NSF your care will be terminated immediately and you will still be responsible to pay for all weeks you have signed up for****

Payment Option # 2 VISA/MASTERCARD

One-Time Payment at the beginning of July for the entire summer

-OR-

Beginning of July for Weeks 1-5

and/or

Beginning of August for Weeks 6-9

*****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 Moneris Solutions, to make debits from my credit card as per requested. This authorization is to remain in effect until cancelled in writing, or until the childcare program period ends.

Parent Signature (Account Holder)

Date

OFFICE USE ONLY

Date	Amount	Posted/Ledger	Charged	Result

KIDS KLUB SUMMER CAMP

Withdrawal Policy

Registration for Summer Camp 2017 begins April 3rd, 2017.

Once your forms are submitted to the head office there will be **no option to withdraw from any week registered**. You may add weeks if space permits.

Kids Klub **will not** reimburse you if you withdraw from any week.

There are no exceptions!!!!!!!

Kids Klub Summer Camp 2017

Signed Withdrawal Policy

I _____, have read Kids Klub's Summer Camp Withdrawal Policy.
Parent's Name

I understand that by submitting my summer camp application I do not have the option to withdraw from any week registered.

Child's Name

Parent's Name

Date

4828 WEST SAANICH RD. • VICTORIA, B.C. • V8Z 3H5
PHONE: (250) 881-1223 • FAX: (250) 881-1146
E-MAIL: REGISTRATION@KIDSKLUB.CA

SUMMER REGISTRATION CHECKLIST 2017

Please take the time to ensure that the following information has been completed and included:

Please do not hand this checklist to the office. It is for your own use.

- Registration Form (Signed & Completed)
- Signed Withdrawal policy form
- Payment Method (Credit Card, Post-Dated Cheques)
- \$40.00 Registration Fee (Made Payable Today)
 - ***Please note that the t-shirt and baseball cap that your child will receive this summer is included in this fee.
- Recent Picture of your Child (Photocopy Acceptable)
- T-Shirt Order Form (Please cut on the dotted line below)

*****Incomplete packages will be returned!*****

Thank you for your application to Kids Klub!



SUMMER 2017 T-SHIRT ORDER FORM

OFFICE USE ONLY

SITE _____

ORDERED: _____

Please complete this form and return to Kids Klub with your registration form.
There is no charge for the T-shirt, it is included in your registration fee!

CHILD NAME: _____

Please use one form for each child

T-SHIRT SIZE REQUIRED:

Please circle only one

YOUTH'S SIZE

SMALL

MEDIUM

LARGE

-or-

ADULT'S SIZE

SMALL

MEDIUM

LARGE