



## DAYCARE APPLICATION FOR CHILDREN 0-5 YEARS 2017-2018

**Child's Full Name:**

**Kids Klub Start Date:**

**Age:**

**Birth date:**



**Check the type of care you require:**

<p><b>Little Spartans (Claremont School)</b> September- June Monday-Friday 8:00am-4:00pm <b>(Closed during Christmas Break, Spring Break &amp; Summer)</b></p>	<p>Full Time Care: \$750.00 per month</p>																								
<p><b>Little Beavers (Beaver Lake School)</b> Full Year Program Monday-Friday 7:30am-5:00pm <b>(Closed December 18<sup>th</sup> – 22<sup>nd</sup> , 2017)</b></p>	<p>Full Time Care (Under 3yrs): \$950.00 per month Full Time Care (Over 3yrs): \$775.00 per month</p>																								
<p><b>Part Time Care</b> (Based upon availability) Please circle the type of care you will require Days: Mon / Tue / Wed / Thu / Fri</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center; border: none;"><b>Little Spartans</b></th> </tr> <tr> <th style="border: 1px solid black; text-align: center;">1 day/week</th> <th style="border: 1px solid black; text-align: center;">2 days/week</th> <th style="border: 1px solid black; text-align: center;">3 days/week</th> <th style="border: 1px solid black; text-align: center;">4 days/week</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; text-align: center;">\$160.00</td> <td style="border: 1px solid black; text-align: center;">\$320.00</td> <td style="border: 1px solid black; text-align: center;">\$480.00</td> <td style="border: 1px solid black; text-align: center;">\$640.00</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center; border: none;"><b>Little Beavers</b></th> </tr> <tr> <th style="border: 1px solid black; text-align: center;">1 day/week</th> <th style="border: 1px solid black; text-align: center;">2 days/week</th> <th style="border: 1px solid black; text-align: center;">3 days/week</th> <th style="border: 1px solid black; text-align: center;">4 days/week</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; text-align: center;"> <b>Under 3</b> \$200.00 <b>Over 3</b> \$165.00                 </td> <td style="border: 1px solid black; text-align: center;"> <b>Under 3</b> \$400.00 <b>Over 3</b> \$330.00                 </td> <td style="border: 1px solid black; text-align: center;"> <b>Under 3</b> \$600.00 <b>Over 3</b> \$495.00                 </td> <td style="border: 1px solid black; text-align: center;"> <b>Under 3</b> \$800.00 <b>Over 3</b> \$660.00                 </td> </tr> </tbody> </table>	<b>Little Spartans</b>				1 day/week	2 days/week	3 days/week	4 days/week	\$160.00	\$320.00	\$480.00	\$640.00	<b>Little Beavers</b>				1 day/week	2 days/week	3 days/week	4 days/week	<b>Under 3</b> \$200.00 <b>Over 3</b> \$165.00	<b>Under 3</b> \$400.00 <b>Over 3</b> \$330.00	<b>Under 3</b> \$600.00 <b>Over 3</b> \$495.00	<b>Under 3</b> \$800.00 <b>Over 3</b> \$660.00
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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

<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><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.</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 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:

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

*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.*

<b>General</b>	<p>Has your child previously attended a daycare? <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>
<b>Policies &amp; Procedures</b>	<p style="text-align: center;"><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="margin-left: 200px;"><b>Date</b></span></p>
<b>Permissions</b>	<ol style="list-style-type: none"> <li>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</li>   <li>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</li>   <li>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.</li>   <li>4. I accept all responsibility for payment of all accounts rendered to my family.</li>   <li>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 _____.</li> </ol> <p>_____</p> <p style="text-align: center;"><b>Signature</b> <span style="margin-left: 200px;"><b>Date</b></span></p>



# Payment Agreement

# 2017/2018

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 8<sup>th</sup> \$ \_\_\_\_\_ 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.