



APPLICATION FOR SUMMER 2019 DAY CAMPS

Childs Name: _____

Please Select a Program Location:

Beaver Lake Site 4828 West Saanich Rd.	Torquay Site 4413 Torquay Dr.	Western 1 Site 935 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 2 nd – 5 th (CLOSED July 1 st)	\$180.00
Week 2	July 8 th – 12 th	\$200.00
Week 3	July 15 th – 19 th	\$200.00
Week 4	July 22 nd – 26 th	\$200.00
Week 5	July 29 th – August 2 nd	\$200.00
Week 6	August 6 th – 9 th (CLOSED AUGUST 5 TH)	\$180.00
Week 7	August 12 th - 16 th	\$200.00
Week 8	August 19 th – 23 rd	\$200.00
Week 9	August 26 th – August 30 th	\$200.00

***For parents who have a child who will be entering Kindergarten in September 2019 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	+ \$ 50.00
TOTAL	\$

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

Please see attached ****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
 EMAIL: registration@kidsklub.ca
 WWW.KIDSKLUB.CA



Application for Registration

A Non-Profit Christian-Based 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 And 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> <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 IN AND OUT OF THE PROGRAM BY A PARENT OR BY A PERSON AUTHORIZED TO PICK UP.</p> <p>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 Support Needs? Yes No

If yes, explain: _____

Does your Child have a Support Worker at school: Yes No

IF 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

**BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN
(ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)**

First Visit – two months of age: YYYY / MM / DD	Fourth Visit – 12 months of age: YYYY / MM / DD
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	Fifth Visit – 12 months after third visit: YYYY / MM / DD
<input type="checkbox"/> Meningococcal C Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Second Visit – two months after first visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	4 to 6 years of age: YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Third Visit – two months after second visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	Other Immunizations:
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	YYYY / MM / DD
<input type="checkbox"/> Hepatitis B	YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	YYYY / MM / DD

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 _____

<p>General</p>	<p>We work to make swimming as safe as possible for your children at the pool.</p> <p>To help us achieve this please indicate the water level you would like your child to go:</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 & 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>
<p>Policies & Procedures</p>	<p>Please refer to the attached PROGRAM CONDITIONS and GUIDANCE AND DISCIPLINE POLICIES.</p> <p>I have read and accept the Program Conditions and Guidance and discipline policies.</p> <p>_____</p> <p style="text-align: center;">Signature Date</p>
<p>Permissions</p>	<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: <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 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>_____</p> <p style="text-align: center;">Signature Date</p>



Payment Agreement

Summer 2019

Parent Name: _____

Child Name: _____

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

Payment Option # 1 PRE-AUTHORIZED DEBIT PAYMENT

One-Time Payment on the 1st of July for the entire summer

-OR-

1st of July for Weeks 1-5

and/or

1st of August for Weeks 6-9

PLEASE ATTACH A VOID CHEQUE AND SIGN BELOW

Payment Option # 2 VISA/MASTERCARD

One-Time Payment on the 1st of July for the entire summer

-OR-

1st of July for Weeks 1-5

and/or

1st 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 Royal Bank of Canada (*Payment Option #1*) to make the above scheduled debits from my chequing account **or** Moneris Solutions (*Payment Option #2*), to make the above scheduled charges from my credit card. This authorization is to remain in effect until cancelled in writing, or until the childcare period ends. These withdrawals are for the purchase of personal services.

Parent Signature (Account Holder)

Date

OFFICE USE ONLY

Date	Amount	Posted/Ledger	Charged	Result

KIDS KLUB SUMMER CAMP

Withdrawal Policy

Registration for Summer Camp 2019 begins April 1st, 2019.

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 2019

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 weeks registered.

Child's Name

Parent's Name

Date

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