

# APPLICATION FOR SCHOOL YEAR PROGRAMS



**FOR CHILDREN GRADE ONE - SEVEN**

**Child's Full Name:**

**School Attending:**

**Teacher:**

**Kids Klub Start Date:**

**Grade:**

**Age:**



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

<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 <u>Only</u></b> (Please circle the type of care you will require)	Christmas Holiday / Spring Break List dates of care needed:

**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><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>Program Information</b>	<p><b>Have you previously applied to Kids Klub?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>Where did you initially hear about Kids Klub?</b></p> <p><input type="checkbox"/> Television      <input type="checkbox"/> Newspaper      <input type="checkbox"/> Internet      <input type="checkbox"/> Phone Book      <input type="checkbox"/> Friend/Family</p> <p><input type="checkbox"/> Island Parent      <input type="checkbox"/> School Newsletter      <input type="checkbox"/> Brochure      <input type="checkbox"/> Child Care Information Line</p> <p><input type="checkbox"/> Other: _____</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>
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** 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.

**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: \_\_\_\_\_

**Immunization**

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.*

**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

	<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>
<b>Policies &amp; Procedures</b>	<p 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 align="center"><b>Signature</b> <span style="float: right;"><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 align="center"><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>

<b>OFFICE USE ONLY</b>			
<b>Date Received</b>		<b>Site Enrolled</b>	
<b>Entered</b>		<b>Registration Fee</b>	SAO / CHQ / CASH # _____
<b>Payment</b>	SAO / PAP / CHQS	<b>Subsidy</b>	N/A / Yes - confirmed
<b>Start Date</b>		<b>Withdrawal Date</b>	
<b>Comments</b>			



# Kids Klub 2010/2011 Rates

School Year

## Before & After School Full Time Monthly Rates

Type of Care:	Monthly Rate	Van Fee** (If Applicable)	Full Day*** (Pro-D days & School Vacation days)
Morning Care Only	\$135.00	N/A	\$28.00
After School Care Only	\$260.00	\$30.00	\$22.00
Morning & After School Care	\$385.00	\$30.00	\$18.00

\*\*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	\$32.00	\$64.00	\$96.00	\$28.00
After School Part Time	\$72.00	\$142.00	\$212.00	\$18.00

## Drop In Daily Rates

Type of Care:	Daily Rate	Full Day***
Morning Drop In	\$8.00	\$35.00
After School Drop In	\$17.00	\$35.00

## Other Charges

NSF Cheque Charge	\$25.00
Early Dismissal ( <i>Earlier than 1:30pm</i> )	\$5.00/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

Late Pick Up Fee ( <i>per child</i> )	\$10.00/ half hour or portion thereof
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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.



# Payment Agreement

## 2010/2011

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 1<sup>st</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