

# Kid's Space After School Program Registration Form 2018/2019



Child's Name: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
day month year

Child lives with: Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

### Child Access

Can an adult, other than the parent(s)/guardian(s), pick up your child?  
 No \_\_\_\_ Yes \_\_\_\_ (if yes, who \_\_\_\_). I give consent to Kid's Space After School Program to release my child to someone other than the parent/guardian. I understand the staff will not release a child unless the parents/guardians have notified staff of who can pick up the child and until they have seen proper identification.

Initials \_\_\_\_\_)

Person(s) who CANNOT access your child: \_\_\_\_\_

(Provide **Custody Order(s)** if any- REQUIRED by Licensing)

### Emergency Contacts

Friends or relatives who are **NOT** living in the same house as child  
 (At least 1 is REQUIRED by Licensing)

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell/work): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell/work): \_\_\_\_\_

I, \_\_\_\_\_,  
Parent/Guardian Signature

**give permission to the  
 above mentioned adults to  
 assume responsibility for my child  
 in the event of an emergency.**

### Photo and Description

Photo: Hard copy ____ or Digital ____ (email to <a href="mailto:jadehamilton@whitevalley.ca">jadehamilton@whitevalley.ca</a> )			
Height:	Weight:	Eye Color:	Hair Color:
Identifying Marks (if any):			

**Health History**

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Care Card #: \_\_\_\_\_

**Immunizations up to date:** No \_\_\_ Yes \_\_\_

**Allergies/Asthma:** No \_\_\_ Yes \_\_\_ (if yes, fill out "Allergies/Asthma Form")

**Special Needs/Medical Disability:** No \_\_\_ Yes \_\_\_ (if yes, fill out "Special Needs/Long Term Condition Form")

Is there any **Medication** the staff will need to give your child?  
No \_\_\_ Yes \_\_\_ (if yes, fill out "Medication Consent and Record Form")

Does your child have a **Behaviour Plan** in place?  
No \_\_\_ Yes \_\_\_ (if yes, fill out "Behaviour Plan Form")

Special comments/Instructions: \_\_\_\_\_

**Consent**

1 In case of an emergency, I hereby give permission to the staff to call a doctor or ambulance in the event of an accident or illness involving my child. I will be responsible for the costs.

Initials \_\_\_\_\_

2 I give my consent for my child to take part in field trips under the supervision of the staff.

Initials \_\_\_\_\_

3 I give permission for my child to have his/her picture taken while participating in Kid's Space After School Program activities. I understand that the picture may be used in Kid's Space After School Program or WCRC publications, local newspapers (Lumby Valley Times, Cherryville News,

Morning Star) on WCRC's website/Facebook page and/or emailed to parents/guardians.

Initials \_\_\_\_\_

4 My child's immunization is up to date, and if not, I understand that incase of an outbreak my child(ren) will not be permitted at the program until immunizations forms are brought in.

Initials \_\_\_\_\_

5 Kid's Space After School Program reserves the right to dismiss any attendee for behavioral problems, at the discretion of the staff.

Initials \_\_\_\_\_

6 There are no refunds, neither are there carry-overs from previous or present programs or camps for the Kid's Space After School Program.

Initials \_\_\_\_\_

7 I have read both sides of the registration form and understand the above information. I have initialed all that I agree to. All information on this form is correct, to the best of my knowledge.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<b>Kid's Space After School Program</b> - You have the option of pre-paying for individual days based on the below table or you can choose a more cost effective registration by paying for the full month option, listed below.				
Rates (same family)	Regular Day	Student Led Conf.	First & Last Day of School	Pro-D Day 8am – 5:30pm
<b>1 Child</b>	\$9.50	\$17.50	\$19	\$30
<b>2 Children</b>	\$17.50	\$33	\$35	\$52
<b>3 Children</b>	\$24	\$46.50	\$48	\$72

Month	1 Child Cost	2 Children Cost	3 Children Cost
September	\$240	\$450	\$629
October	\$260	\$480	\$675
November	\$250	\$470	\$650
December	\$235	\$435	\$605
January	\$270	\$505	\$705
February	\$230	\$430	\$600
March	\$420	\$745	\$1045
April	\$240	\$505	\$700
May	\$260	\$480	\$675
June	\$205	\$395	\$552

**\*Please note that once you have registered and pre-paid for your child(ren)'s spot, this money is not refundable for absences due to illness or change of plans.**