

Kid's Space After School Program Registration Form 2017/2018



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 brandinc@whitevalley.ca)	
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:** _____

Kid's Space After School Program				
Rates (same family)	Regular Day	Student Led Conf.	First & Last Day of School	Pro-D Day 8am – 5:30pm
1 Child	\$9.50	\$17.50	\$19	\$30
2 Children	\$17.50	\$33	\$35	\$52
3 Children	\$24	\$46.50	\$48	\$72

Enrollment Date: _____

Withdrawal Date: _____

(completed by Administration)