

Infant/Toddler 0-36 months
Daycare 30 months-5 years
After School 5-10 years

		Re	egistration Form	L
Child's Full Name				
Name(s) child goe	es by:			
Gender:	<u>Male</u>	<u>Female</u>		
First Nations:	<u>Yes</u>	<u>No</u>	Nation:	
Start Date:		Withdraw d	ate:	
Approximate time	of day child	will attend:	(AM) to	(PM)
Child's Date of Bir	th:			
Home Phone Num	lber:			
Address: _				
-				
Parent/Guardian	Information			
Name:				
Home Phone: Days/hours of wo				
Name:				
Home Phone: Days/hours of wo				



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Person(s) authorized to pick up child and be contacted in case of an emergency

. Nomes				
	Work Phone:			
	WOTE THORE,			
Home Phone:	Work Phone:			
Relationship to Child:				
3. Name:				
Home Phone:	Work Phone:			
Relationship to Child:				
4. Name:				
Home Phone:	Work Phone:			
Relationship to Child:				
Custody agreement or Cou	ırt Order• Ves	No		
If there is a custody agree	ment or Court Order, pleas	se give details ar	_	
	tion to ensure proper care			
	1 1	101 your cima.		
Has your child previously	attended a daycare?			
If so, for how long?				
If your child attends school	ol, what grade is he/she in?			
If your child goes to Conra	ad School, will he/she need	to be picked up	by us?	
	child understand and/or spe			
Is your child potty trained	?			
Does your Child nap? If so	o, what time?			



# Kaien Island Daycare Services (K.I.D.S) 1200 Hays Cove Avenue, Prince Rupert BC V8J 2H2 Infant/Toddler 0-36 months

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Health Information			
Child's Care Card Number			
Family Doctor	Phone:		
Family Dentist:	Phone:		
Does your child have any allergies?			
Does your child have any medical concerns?			
Does your child take any medication?			
Has your child's hearing been tested?			
Results			
Has your child visited a dentist?			
Results			
Please write down any additional information n			
Parent/Guardian Signature		Date	-
			-
Manager Signature		Date	



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#### **PAYMENT CONTRACT:**

Parent/Guardian Na	me:		
Address:			
City:	BC Postal Code:	Phone: _	
Child/ren's Name/s:			
	Monthly fees:		
	INFANT/TODDLER(0-36 months)		\$750/month
	DAYCARE (30months-5 years old)		\$600/month
	SCHOOL-AGE (5-10 years old)		\$350/month
	SCHOOL-AGE (5-10 years old) (Summer rates July/Aug)		\$600/month

#### **Conditions:**

- 1 I agree to pay in advance on the 1st of the month for each month my child is registered. Any fees unpaid will be subject to a late payment fee of \$20.00.
- 2 I understand that there is no return of fees paid if a child is ill or fails to attend.
- 3 I will be given a warning the first time I am late picking up my child. I agree to pay a \$20.00 fee whenever I am late by five minutes or more on subsequent occasions.
- 4 I understand that an unpaid balance may result in denial of services and that my account will be turned over to a collections service. I understand that there is a \$40.00 charge for all cheques returned for insufficient funds.
- 5 I understand that all required forms must be completed and on file before my child may attend. These include the registration form and this contract for services.
- Depending on family income, parents/guardians may be eligible for Child Care Subsidy from the Ministry of Children and Families. It is the parent/guardian's responsibility to apply. If I choose this option, I agree that I will pay fees in advance to K.I.D.S. Daycare. If subsidy is approved afterwards, K.I.D.S. Daycare will reimburse to the parent/guardian, the amount that is covered by subsidy. Parents/guardians are responsible for any fees that CCS does not cover (parent portion). If there is a parent portion to be paid, I understand that I must pay that portion the 1st of each month and before the child starts. If I require



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assistance filling out Child Care Subsidy forms then the Supervisor can assist me. I understand that I am responsible for doing renewal forms for Child Care Subsidy as required by Child Care Subsidy.

- I understand that one month notice is required if I intend to withdraw my child/ren. If I fail to give adequate notice, I understand that fees will still be payable to K.I.D.S. Daycare, even if my child will not be attending the full calendar month.



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## **Permissions:**

PHOTO/FILMING
I hereby Do ( ) Do Not ( )
Give permission for my child to be photographed and filmed. I understand these photographs/films may be used for the children, social media, center displays and community displays.
WALKS and FIELDTRIPS
I hereby Do ( ) Do Not ( )
Give permission for my child to participate in walks and fieldtrips.  Transportation includes public bus and the 15 passenger van from the Friendship House Association of Prince Rupert.
SCHOOL DISTRICT #52
I hereby Do ( ) Do Not ( )
Give School District #52 permission to observe my child and or receive any reports or information on my child for the purpose of planning a program for the school year.
Parent/Guardian Signature:
Date: