



Application for Registration

A Non-Profit 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>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>_____</p> <p>Names of people not authorized to have access to your child: _____</p> <p>_____</p>
Program Information	<p>Have you previously applied to Kids Klub? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Where did you initially hear about Kids Klub?</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>
Emergency Contacts	<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	<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>

Check if same as above

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 require a Special Needs worker at PreSchool: 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 st visit	2 nd visit	3 rd visit	12 months	18 months	5-6 years	Grade 6
Diphtheria				N/A			N/A
Pertussis				N/A			N/A
Tetanus				N/A			N/A
Poliomyelitis				N/A			N/A
HIB				N/A		N/A	N/A
Measles	N/A	N/A	N/A			N/A	N/A
Mumps	N/A	N/A	N/A			N/A	N/A
Rubella	N/A	N/A	N/A			N/A	N/A
Hepatitis 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	<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>
Policies & Procedures	<p align="center">Please refer to the attached PROGRAM CONDITIONS and familiarize yourself with Kids Klub Policies and Procedures.</p> <p>I have read and accept the policies and procedures outlined in the Program Conditions.</p> <p>_____</p> <p align="center">Signature Date</p>
Permissions	<ol style="list-style-type: none"> 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 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 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. I accept all responsibility for payment of all accounts rendered to my family. 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 align="center">Signature Date</p>

OFFICE USE ONLY					
Date Received		Site Enrolled			
Entered		Registration Fee	SAO / CHQ / CASH # _____		
Payment	SAO / PAP / CHQS	Subsidy	N/A / Yes - confirmed		
Comments	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="352 1919 948 1961">Start Date:</td> <td data-bbox="953 1919 1557 1961">Withdrawal Date:</td> </tr> </table>			Start Date:	Withdrawal Date:
Start Date:	Withdrawal Date:				