



HAPPY CAMPERS CHILD CARE LTD.

"Offering quality child care in the Western Communities since 1992"

REGISTRATION FORM – 2012/2013(full day school)

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|---------------------------------------|
| Child's Full Name: |
| School Attending: |
| Grade Enrolled September 2012: |
| Teacher: |

Please check the type(s) of care you require:

| Type of care | Monthly rate for full day kindergarten students | Monthly rate for grade 1 students | Monthly rate for grade 2-7 students | Plus van fee (if applicable) |
|---------------------------------------|---|-----------------------------------|-------------------------------------|------------------------------|
| Before & After School Care | \$450 | \$400 | \$370 | \$30 |
| After School Care <u>Only</u> | \$320 | \$300 | \$280 | \$30 |
| Before School Care <u>Only</u> | \$175 | \$160 | \$145 | \$30 |
| Part Time Care (if available) | Please attach schedule. | Please attach schedule. | Please attach schedule. | \$30 |
| Drop In (if available) | Please attach schedule. | Please attach schedule. | Please attach schedule. | \$30 |

**full day kindergarten & grade 1 student's fees are higher as our staff: child ratio is higher than that for grade 2-7 students.*

Please ensure all items on this check list have been completed and attached prior to registration along with \$40 registration processing fee. Incomplete packages will not be processed.

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| Registration form completed & signed |
| \$40 non-refundable registration processing fee (payable today) |
| Immunization dates attached or form waived |
| Post dated cheques/Pre-Authorized Credit Card Form/Pre-authorized Debit Form |
| Legal copy of custody restrictions (if applicable) |
| Government subsidy authorization (if applicable) |
| Recent photo of your child (photocopy acceptable) |

| ***** OFFICE USE ONLY ***** | | | |
|-----------------------------|---------------------------|----------------------|--|
| Date Received | | Site Enrolled | |
| Start date | | | |
| Payment method: | Post-Dated Cheques | Credit Card | |
| Comments: | | | |
| | | | |

Happy Campers Child Care Ltd.
 3424, Metchosin Road, Victoria, B.C., V9C 2A9
 Phone: 250-391-0909 Fax: 250-474-0933
 E-Mail: lucy-ann@happycampers.ca
www.happycampers.ca

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|---|---|
| Family Information | <p> Child's name: _____ Birth date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Name of enrolling parent: _____ S.I.N #: _____ Address: _____ Home phone: _____ Postal code: _____ Cell phone: _____ E-mail: _____ Employer: _____ Work phone: _____ Name of other parent: _____ S.I.N #: _____ Address: _____ Home phone: _____ Postal code: _____ Cell phone: _____ E-mail: _____ Employer: _____ Work phone: _____ Other children living at home: Name: _____ Date of birth: _____ Name: _____ Date of birth: _____ </p> |
| Emergency contacts & persons authorized to pick up child | <p> Name: _____ Relationship: _____ Home phone: _____ Work: _____ Cell: _____ Name: _____ Relationship: _____ Home phone: _____ Work: _____ Cell: _____ Name: _____ Relationship: _____ Home phone: _____ Work: _____ Cell: _____ </p> |
| Custody restrictions | <p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please attach court order and state general conditions here (<i>this is a legal requirement in order for us enforce conditions</i>): _____ _____ </p> |
| General | <p> In order to make your child's swimming experience at the pool/lake as safe as possible, please indicate the level that best describes your child's swimming ability (choose one only): *kindergarten children are automatically at waist level* <input type="checkbox"/> Waist level <input type="checkbox"/> Shoulder level <input type="checkbox"/> Over the head Please add any further information that is relevant to your child attending Happy Campers: _____ </p> |

Health information

Family doctor: _____ Phone: _____

Family dentist: _____ Phone: _____

Personal health number: _____

Has your child had any serious health problems that we need to be aware of? Yes No

If yes, please explain: _____

Does your child have any special needs? Yes No

If yes, please explain & give a copy of diagnosis (having this on file is now a legal requirement):

Does your child have a special needs worker at school? Yes No

If you answered yes and your child is not currently registered in Happy Campers, please contact the office before submitting your application.

Does your child have any allergies to anything? Yes No

If yes, please explain: _____

Does your child regularly take medication? Yes No

If yes, please explain: _____

An “authorization to administer medication” form (available at your Happy Campers site) will need to be filled out prior to any medications being administered.

Immunization

You are responsible for keeping a copy of your child’s immunizations; a copy of the immunization record must be attached to this application.

Is your child immunized? Yes No If No, please sign the following statement:

I understand that should there be a suspected or real outbreak of any communicable disease, I have to remove my child from the center until cleared in writing by medical staff.

Signature: _____ Date: _____

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|---|---|
| <p>Child care information</p> | <p>Has your child been registered at Happy Campers before? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Has your child attended a child care setting before? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>For children in before school care:</p> <p>My child will be arriving at Happy Campers at _____ a.m.</p> <p>For children in after school care:</p> <p>My child will be picked up from Happy Campers at _____ p.m.</p> |
| <p>Policies & procedures</p> | <p>I, _____ legal parent/guardian of the child _____</p> <p>have read, understood and agree to all the terms and conditions of Happy Campers Child Care Ltd. as set out in the parent handbook that I received with this application form.</p> <p>I agree to abide with the centre's policies regarding:</p> <ul style="list-style-type: none"> a) Fees are to be paid in advance on the 1st of each month (or the 1st & 15th of each month if it has been pre-arranged), b) Priority is given to full time children c) \$25:00 charge for each N.S.F. cheque, d) If your payment is not received on time, your child may lose his/her space at the centre, e) One month's written notice is required when withdrawing your child from the program, f) There are no refunds. <p>_____</p> <p style="text-align: center;"><i>Parent signature</i> _____ <i>Date</i></p> |
| <p>Permissions</p> | <p>I give authorization for my child _____,</p> <ul style="list-style-type: none"> a) To go on field trips arranged by Happy Campers staff: <input type="checkbox"/> Yes <input type="checkbox"/> No b) To be transported to the nearest medical facility with a member of Happy Campers staff in the event of an accident/illness (I understand that all parents/guardians will be notified first when at all possible): <input type="checkbox"/> Yes <input type="checkbox"/> No c) To receive emergency medical services on arrival at the medical facility: <input type="checkbox"/> Yes <input type="checkbox"/> No d) To have my child's photograph taken in the program setting for general record keeping and publicity purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No e) To have Happy Campers staff help apply sunscreen if & when deemed necessary: <input type="checkbox"/> yes <input type="checkbox"/> No <p>I accept all responsibility for payment of all accounts rendered to my family <input type="checkbox"/> yes <input type="checkbox"/> No</p> <p>_____</p> <p style="text-align: center;"><i>Parent signature</i> _____ <i>Date</i></p> |

*** Thank you for applying to Happy Campers!**