

## SUNFUN REGISTRATION FORM

For children currently enrolled in our SAC program who already have a deposit on file, a non-refundable \$25 registration fee must be remitted with this application.

*For children new to the Centre, a \$100 deposit must be remitted with this application, in addition to the \$25 registration fee.*

(see page 2 for deposit refund details)

Your application will not be processed until the Registration fee and the Deposit have been received.

The space is not guaranteed until enrolment is confirmed by the SunFun Coordinator.

This program is available for children from completion of Kindergarten through 12 years of age.

The SunFun Coordinator reserves the right to determine child and program compatibility.

**Priority Registration begins March 1<sup>st</sup> for all children currently enrolled in the School Age Care Program.**

**Registration opens to the public April 1<sup>st</sup>**



## Child Care Centre

### SUNFUN REGISTRATION FORM

*The Cridge Centre for the Family collects personal information on this form for reasonable and obvious purposes such as verifying identity, enrolling in a service, to secure contact information, and to meet regulatory requirements. This information will never be used for purposes outside of the obvious without your permission.*

Please sign the following statement:

I / we, \_\_\_\_\_, the parent(s) and/or  
 legal guardian(s) of our child, \_\_\_\_\_, declare that I / we have read  
 and understand the Centre's Admission Policies and Procedures.

**After a space has been accepted by the parent / guardian and the child is subsequently withdrawn prior to starting in the SunFun program, a \$25 Administration fee will be withheld from the deposit. Of the balance, \$75 will be refunded with 4 week's notice, \$50 with 2 – 4 week's notice, and no refund with less than 2 week's notice.**

Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

----- For Office Use Only -----

Date application received \_\_\_\_\_ by \_\_\_\_\_

**\$25 Non-Refundable Registration fee attached**      ( ) Yes      ( ) No

**\$100 Deposit already on file**      ( ) Yes      ( ) No

**\$100 Deposit attached**      ( ) Yes      ( ) No

**Enrolled weeks confirmed**      ( ) Yes      ( ) No

**ABOUT YOUR CHILD:**

Name of child: \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle)

Nickname: \_\_\_\_\_ Gender: Male ( ) Female ( )

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

Postal code: \_\_\_\_\_ Care Card # \_\_\_\_\_

Family Doctor or Pediatrician: \_\_\_\_\_

Level of swimming ability: \_\_\_\_\_

Other hobbies, interests, concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Car seat and Booster seat Legislation in BC (Motor Vehicle Act, Division 36)**

Rear and Forward Facing Car Seat Legislation for Younger Children	Booster Seat Legislation for Older Children
Children must ride in a car seat until they are a minimum of 6 years old <b>and</b> a minimum of 40 pounds (18 kg).	<p><b>Effective July 1, 2008</b></p> Children must ride in a booster seat until they are a minimum of 4 feet, 9 inches (145 cm) tall, <b>or</b> a minimum of 9 years old.

To comply with this legislation we are required to collect the following information about your child:

Date of birth: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year Age \_\_\_\_\_

Child's height: \_\_\_\_\_ feet, \_\_\_\_\_ inches OR \_\_\_\_\_ cm

Child's weight: \_\_\_\_\_ pounds OR \_\_\_\_\_ kg

**ABOUT YOUR FAMILY:**

<b>Mother</b>	<b>Father</b>
Name: _____	Name: _____
Home phone: _____	Home phone: _____
Cell / Pager: _____	Cell / Pager: _____
Work phone: _____	Work phone: _____
E-Mail: _____	E-Mail: _____
<input type="checkbox"/> I would like to receive communications from The Cridge Centre by email. I understand that I can unsubscribe at any time or change my preferences. I will receive information about the program I am registered in, occasional newsletters, updates and opportunities to participate. Refer to our privacy policy here: <a href="https://cridge.org/about-us/annual-reports/">https://cridge.org/about-us/annual-reports/</a>	
Place of work/school: _____	Place of work/school: _____
Occupation: _____	Occupation: _____
Work hours: _____	Work hours: _____

Name of sibling(s): \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Other adults at home: \_\_\_\_\_

Pets: \_\_\_\_\_

The Centre's staff will not release your child to an unauthorized person unless you provide us with **written** permission prior to the event. Therefore, please provide the Centre with at least two emergency contacts, persons who are authorized to drop off and pick up your child.

**Emergency Contacts**

<u>Name</u>	<u>Relationship to Child</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CUSTODY RESTRICTIONS**      Yes (    )      No (    )

If yes, is a copy of the court order or restrictions attached      Yes (    )      No (    )

Persons not permitted access to child:

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

**ABOUT YOUR CHILD'S HEALTH:**

Does your child have any **allergies**?      Yes (    )      No (    )

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any special **health concerns or medications** that staff should be aware of?      Yes (    )      No (    )

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You are responsible for keeping a record of your child's immunizations; please attach a copy of the immunization record 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 must remove my child from the Centre until cleared by medical staff.

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

My child will be arriving at The Cridge Centre SunFun Program at \_\_\_\_\_ a.m . (all children must be at the Centre by 9:30 a.m . unless otherwise arranged), and leaving at \_\_\_\_\_ p.m . (the Centre closes at 5:30 p.m . )

**Summary of Fees:**

- Non-Refundable Registration fee: \$25 (must be attached when submitting this application)
- Deposit: \$100 (to be applied to outstanding fees, or held on account if enrolled in SAC for September)
- Weekly fees: \$185.00

**Remember, once enrolled you must give a *minimum of 2 week's notice* to withdraw from any week. If you do not give adequate notice you will be charged for all registered weeks.**

**BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN  
(ATTACH IMMUNIZATION RECORD- OR RECORD THE DATES)**

First Visit- two months of age: 1"/-YY / fv1M / UP	Fourth Visit-12 months of age: l'YYY\ / \1\1 / liD
0 Diphtheria	0 Measles
0 Pertussis	0 Mumps
0 Tetanus	0 Rubella
0 Polio	0 Meningococcal C ConJugate
0 Haemophilus Influenza Type b (hib)	0 Varicella (chicken pox)
0 Hepatitis B	
0 Pneumococcal Conjugate	Fifth Visit- 12 months after third visit: YYYYY / . 'l:vt / DD
0 Meningococcal C ConJugate	0 Diphtheria
	0 Pertussis
Second Visit- two months after first visit: \ / Y Y / \1\ / rm	0 Tetanus
0 Diphtheria	0 Polio
0 Pertussis	0 Haemophilus Influenza Type b (hib)
0 Tetanus	0 Measles, Mumps, Rubella
0 Polio	0 Pneumococcal ConJugate
0 Haemophilus In.fluenza Type b (bib)	
0 Hepatitis B	4 to 6 years of age: Yi'YY / \-iVI / DD
0 Pneumococcal Conjugate	0 Diphtheria
	0 Pertussis
Third Visit- two months after second visit: Y Y YY / iv1 \! / 1)!	0 Tetanus
0 Diphtheria	0 Polio
0 Pertussis	0 Varicella (chickenpox)
0 Tetanus	
0 Polio	Other Immunizations:
0 Haemophilus Influenza Type b (hib)	YYiY / iv\1 / DD
0 Hepatitis B	YYYY / M\il DD
0 Pneumococcal ConJugate	YYYY / M:\i / UII

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CAREGIVER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**I am registering my child for the following weeks:**

July 2 – 5  (Closed Monday, July 1<sup>st</sup>)

July 8 – 12

July 15 – 19

July 22 – 26

Jul 29 – Aug 2

August 6 – 9  (Closed Monday, August 5<sup>th</sup>)

August 12 – 16

August 19 – 23

August 26 – 28  (Closed Thursday & Friday, Aug 29<sup>th</sup> & 30<sup>th</sup>)

**PERMISSION FORM**

1. I agree that pictures and/or videos may be taken of my child in the program setting for general record-keeping and publicity purposes. Yes ( ) No ( )
2. I agree that my child may go on field trips arranged by the SunFun staff. I understand that I will be informed in advance of any field trips that extend beyond their regular hours. Yes ( ) No ( )
3. I agree that my child may go swimming while attending the program. Yes ( ) No ( )
4. In the event that your child needs medical attention, staff will attempt to contact you or your emergency contact persons. If the staff cannot reach anyone, and your child has to be taken to an emergency clinic, the staff will do so by ambulance, Cridge vehicle, or taxi at The Cridge Centre's expense. We will continue to attempt to reach you and your emergency contact persons. I agree that The Cridge Centre staff may take my child to an emergency clinic. Yes ( ) No ( )

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

All information about you and your family, which is provided to The Cridge Centre for the Family, will be held in the strictest confidence by all involved departments within the organization.

For more information, please see The Cridge Centre Child care Policies and the Guidance & Discipline Statement under the Applications link on our Website: [www.cridge.org](http://www.cridge.org).



## Client Code of Conduct

I understand as a participant in The Cridge Centre for the Family that I am responsible for my behavior.

I will act in ways that bring respect to me, my family and friends, and other participants within the program.

I will not use bad language, swear, insult, or fight with other people. I will refrain from any form of personal abuse towards others, including verbal, physical, and emotional abuse.

I will participate actively in the program.

I will let the organization know if my plans change and I am unable to keep an appointment or participate in an activity.

I will ask any staff or other participants if I may call him or her at home. If he/she agrees, I will be reasonable and responsible about the time of day and how often I call.

I will keep contact with the organization's staff by responding to phone calls, letters, and other means of communicating promptly.

If a problem develops, I will immediately talk to my family or caregiver and/or a representative from the organization about it.

If a problem develops within my family or other circumstances occur that affects my participation in the program, I will contact the organization.

I agree to follow all established rules and guidelines of the organization

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Date

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Signature

June 2012