SCHOOL AGE CARE REGISTRATION FORM

Submit completed Application with $100 Deposit to the Accounting Office.

Only Applications with Deposits will be processed.
(The deposit will be held in trust to be applied to your last month’s fees)
A $15 payment for the mandatory Comfort Kit is also required.
No spaces are guaranteed until the Deposit is received and enrollment is confirmed by the program Coordinator.

This program is available to children from Kindergarten up to 12 years of age.

The School Age Care Coordinator reserves the right to determine child and program compatibility.

Priority Registration for September begins March 1st for all families currently enrolled in the SAC program

Registration opens to the public April 1st

March 7, 2019
Child Care Centre

SCHOOL AGE CARE 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.

This includes the policy which states, “After a space has been accepted by the parent / guardian and the child is subsequently withdrawn prior to starting in the Centre, a 15% administration fee will be withheld from the original deposit (the balance will be refunded).”

Parent / Guardian: ___________________________ Date: ________________

Parent / Guardian: ___________________________ Date: ________________

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

Application received on ____________________________ by _________

Start date ____________________________

☐ $100 Deposit received (to be applied to the last month’s fees) by _________

☐ Waitlist (deposit required when space is available and accepted)
ABOUT YOUR CHILD:

Name of child: ___________________________ (last) ___________________________ (first) ___________________________ (middle)

Nickname: ___________________________ Gender: Male ( ) Female ( )

Address: _____________________________________________________________

Postal code: _______________ Care Card # _____________________________

Family Doctor or Pediatrician: ___________________________ Phone: _____________________________

Name of School: ___________________________ Grade: _____________________________

Care required for mornings: ( ) For afternoons: ( )

Level of swimming ability: ___________________________

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

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

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:**

<table>
<thead>
<tr>
<th>Parent / Guardian</th>
<th>Parent / Guardian</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Home phone:</td>
<td>Home phone:</td>
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<tr>
<td>Cell / Pager:</td>
<td>Cell / Pager:</td>
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<tr>
<td>Work phone:</td>
<td>Work phone:</td>
</tr>
<tr>
<td>E-Mail:</td>
<td>E-Mail:</td>
</tr>
</tbody>
</table>

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: [https://cridge.org/about-us/annual-reports/](https://cridge.org/about-us/annual-reports/)

<table>
<thead>
<tr>
<th>Place of work/school:</th>
<th>Place of work/school:</th>
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<tbody>
<tr>
<td>Occupation:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Work hours:</td>
<td>Work hours:</td>
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</tbody>
</table>

Name of sibling(s):  

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<tr>
<th>Name:</th>
<th>Age:</th>
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<th>Name:</th>
<th>Age:</th>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
</tr>
</thead>
</table>

How did you hear about our Programs?  

Other adults at home:  

Pets:  

The Centre’s staff will not release your child to an unauthorized person unless you provide us with a **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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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<tbody>
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<td></td>
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If yes, is a copy of the court order or restrictions attached? Yes ( ) No ( )

Persons not permitted access to child:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Phone Number</th>
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</table>

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: ________________________________
### BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN

**ATTACH IMMUNIZATION RECORD OR RECORD THE DATES**

<table>
<thead>
<tr>
<th>First Visit</th>
<th>Fourth Visit</th>
<th>Fifth Visit</th>
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</thead>
<tbody>
<tr>
<td>-two months of age: YYYY/MM/DD</td>
<td>-12 months of age: YYYY/MM/DD</td>
<td>-12 months after third visit: YYYY/MM/DD</td>
</tr>
<tr>
<td>O Diphtheria</td>
<td>O Measles</td>
<td>O Diphtheria</td>
</tr>
<tr>
<td>O Pertussis</td>
<td>O Mumps</td>
<td>O Pertussis</td>
</tr>
<tr>
<td>O Tetanus</td>
<td>O Rubella</td>
<td>O Meningococcal C ConJugate</td>
</tr>
<tr>
<td>O Polio</td>
<td>O Meningococcal C ConJugate</td>
<td>O Diphtheria</td>
</tr>
<tr>
<td>O Haemophilus Influenza Type b (hib)</td>
<td>O Varicella (chicken pox)</td>
<td>O Pertussis</td>
</tr>
<tr>
<td>O Hepatitis B</td>
<td></td>
<td>O Meningococcal C ConJugate</td>
</tr>
<tr>
<td>O Pneumococcal Conjugate</td>
<td></td>
<td>O Diphtheria</td>
</tr>
<tr>
<td>O Meningococcal C ConJugate</td>
<td></td>
<td>O Polio</td>
</tr>
<tr>
<td>O Jiptheria</td>
<td>O Haemophilus Influenza Type b (hib)</td>
<td>O Pertussis</td>
</tr>
<tr>
<td>O Tetanus</td>
<td>O Measles, Mumps, Rubella</td>
<td>O Meningococcal C ConJugate</td>
</tr>
<tr>
<td>O Polio</td>
<td>O Pneumococcal Conjugate</td>
<td>O Diphtheria</td>
</tr>
<tr>
<td>O Haemophilus Influenza Type b (hib)</td>
<td></td>
<td>O Pertussis</td>
</tr>
<tr>
<td>O Hepatitis B</td>
<td>4 to 6 years of age: YYYY/MM/DD</td>
<td>O Meningococcal C ConJugate</td>
</tr>
<tr>
<td>O Pneumococcal Conjugate</td>
<td></td>
<td>O Diphtheria</td>
</tr>
<tr>
<td>O Polio</td>
<td></td>
<td>O Pertussis</td>
</tr>
<tr>
<td>O Tetanus</td>
<td></td>
<td>O Meningococcal C ConJugate</td>
</tr>
<tr>
<td>O Polio</td>
<td>Other Immunizations:</td>
<td></td>
</tr>
<tr>
<td>O Haemophilus Influenza Type b (hib)</td>
<td>YYYY/MM/DD</td>
<td></td>
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<tr>
<td>O Hepatitis B</td>
<td>YYYY/MM/DD</td>
<td></td>
</tr>
<tr>
<td>O Pneumococcal Conjugate</td>
<td>YYYY/MM/DD</td>
<td></td>
</tr>
</tbody>
</table>

**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**

__________________________
PREAMBLE

As an employer, I hereby give permission for my child to go on field trips arranged by the School Age Care staff. I understand that I will be informed in advance of any field trips that extend beyond their regular hours.

1. I hereby give permission for my child to go on field trips arranged by the School Age Care staff. I understand that I will be informed in advance of any field trips that extend beyond their regular hours.

2. I hereby give permission to have pictures and/or videos taken of my child in the program setting for general record-keeping and publicity purposes.

3. On occasion the Centre receives a request from other professionals or the community to observe the program; we attempt to do this with the least disturbance to the children’s routine. I hereby give permission for my child to be present on these occasions.

4. At times the staff is invited to partake in a case management meeting or the staff has to confer with other professionals about your child. I hereby give permission for the Cridge Centre staff to confer, if necessary, with the following professionals about my child:

   ( ) Physician  ( ) Public Health Nurse  ( ) Social Worker
   ( ) School Staff  ( ) Speech and Language Therapist  ( ) Financial Assistance Worker
   ( ) Physiotherapist  ( ) Occupational Therapist  ( ) ECE Students

5. I hereby give permission for my child to go swimming while attending the program.

6. 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 hereby give permission for the Cridge Centre staff to 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 Childcare Policies and the Guidance & Discipline Statement under the Applications link on our Web site: 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.

__________________________________________  ________________________________
Date                                              Signature
Pre-Authorized Credit Card Consent Form

I, ________________________________, hereby authorize The Cridge Centre for the Family to charge
the monthly Childcare fees for my child, ________________________________, to my credit card on the 1st of
each month.

The regular monthly fee is $______________; if my child is enrolled in full-time care for Christmas or Spring
break, any additional fees can be added to my monthly charge.

The fees may be adjusted if there is a rate increase (generally effective April 1st annually); no change to the
regular monthly rate will be implemented without a minimum of 60 day’s notice.

My credit card information:

Client Name: ________________________________
Credit Card type: Visa ☐ MasterCard ☐ American Express ☐
Credit Card Number: ________________________________ Expiry Date: __________
Name as it appears on the Card: ________________________________

_________________________________________ (Card Holder Signature)  ____________ (Date Signed)

Please indicate your choice regarding your preferred method of receipt distribution:

☐ Annual statement (in January) sent to this Email address: ________________________________

☐ Monthly receipts sent to this Email address: ________________________________

☐ Monthly receipts mailed to the home address on file

You can return this form to the Accounting Office, or slip it into the payment box in the Childcare lobby.

Please provide an update to the accounting office if your credit card information changes.
Pre-Authorized Debit Consent Form

I, ________________________________, hereby authorize The Cridge Centre for the Family to withdraw
the monthly Childcare fees for my child, ________________________________, from my bank account on the
1st of each month.

The regular monthly fee is $_________; if my child is enrolled in full-time care for Christmas or Spring
break, any additional fees can be added to my monthly withdrawal.

The fees may be adjusted if there is a rate increase (generally effective April 1st annually); no change to the
regular monthly rate will be implemented without a minimum of 60 day’s notice.

My bank account information:
Bank account type: Chequing ☐ Savings ☐

Attach a Void cheque, or complete the following:
Bank Number ___ ___ ___ Transit Number ___ ___ ___ ___ ___
Account Number ________________________________

__________________ (Account Holder Signature) ____________________ (Date Signed)

Please indicate your choice regarding your preferred method of receipt distribution:

☐ Annual statement (in January) sent to this Email address: ________________________________

☐ Monthly receipts sent to this Email address: ________________________________

☐ Monthly receipts mailed to the home address on file

You can return this form to the Accounting Office, or slip it into the payment box in the Childcare lobby.

Please provide an update to the accounting office if your banking information changes.