



KID'S CONNECTION AT UPLANDS

Dear Parent/Guardian,

Enclosed please find a registration form, agreement and emergency card for Kid's Connection Uplands Before/After School Care and Spring Break/Summer Camp.

Please complete both sides of all forms, and then return ALL forms with a \$50.00 registration/supply fee. We ask that you give a void check & form for direct-withdrawal or post-dated checks for the 1st of each month to hold your child's spot.

*Checks made out to: **Kid's Connection Uplands**

*Yes, we take Government Subsidy (form can be provided)

A small picture of your child is also required for their file.

Please drop off everything at the center or mail forms, picture and checks immediately to ensure your child's space is saved.

We must have all forms and Registration Fee at the center before your child starts their program.

Fees: Monday to Friday Before School Only \$115/month

Fees: Monday to Friday After School Only \$260/month

Fees: Monday to Friday Before & After School \$315/month

Thank you from all the staff at Kid's Connection Uplands

Child's Name: _____
Birthday _____ Male: Female:
Child's Hair Color: _____ Child's Eye Color: _____
Care Card #: _____
Doctor: _____ Phone #: _____
Parents/Guardian: _____
Address: _____
Home #: _____
Work #: (mom): _____ (dad): _____
Cell #: (mom): _____ (dad): _____
Emergency Contact: _____
Relationship: _____ Phone #: _____
Medical Condition: _____
Allergies: _____
Permission to call Doctor/Ambulance: YES/NO
Program: _____ Grade: _____
Signature: _____

Child's Picture:



KID'S CONNECTION AT UPLANDS

- Offering Before/After School care & Spring Break/Summer Camps at Uplands Elementary School -

CHILD'S NAME: _____

PROGRAM HE/SHE IS IN _____ on Mon/Wed/Fri or Tues/Thurs or Mon to Fri (please circle)

MY CHILD NEEDS CARE FROM: 7:30am-8:45am/2:30pm-5:30pm/7:30am-5:30pm (please circle)

NAME OF PARENTS OR GUARDIAN: _____

BIRTHDAY: _____ MALE FEMALE CARE CARD #: _____

CHILD'S HAIR COLOR: _____ CHILD'S EYE COLOR: _____

WEIGHT: _____ HEIGHT: _____ ANY OTHER PHYSICAL DESCRIPTIONS: _____

MAILING ADDRESS (street, city/town, postal code):

(mother): _____ PHONE NUMBER: _____

(father): _____ PHONE NUMBER: _____

EMAIL ADDRESS:

(mother): _____ (father): _____

WORK PHONE NUMBER:

(mother): _____ (father): _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (if parent/guardian not available)

WHO ARE ALSO AUTHORIZED TO PICK UP MY CHILD _____ (parent's initials)

1. NAME: _____ PHONE NUMBER: _____

2. NAME: _____ PHONE NUMBER: _____

NO OTHER PERSONS ARE ALLOWED TO PICK UP MY CHILD EXCEPT FOR THE PEOPLE INDICATED ABOVE.

IMMUNIZATION RECORDS AS REQUIRED UNDER THE HEALTH ACT (photocopy or actual dates required):

DPTP/HIB (4 doses + booster) _____

MMR (2 doses) _____ HEP B (3 doses) _____

OTHER _____ OR NOT IMMUNIZED (check this box):

HEALTH CONCERNS (yes/no): IF YES, FILL OUT BELOW

ALLERGIES (yes/no) IF YES, WHAT KINDS: _____

ASTHMA: _____ CONVULSIONS: _____ HAYHEVER: _____ BLEEDING NOSE: _____

URINE INFECTIONS: _____ EAR INFECTIONS: _____ BRONCHITIS: _____

ANY VISION, HEARING OR SPEECH CONCERNS: _____

ANY LEARNING/PHYSICAL CONCERNS: _____

ANY BEHAVIOR/EMOTIONAL CONCERNS: _____

OTHER MEDICAL PROBLEMS: _____

IS YOUR CHILD ON ANY MEDICATION (yes/no) IF YES, WHAT: _____

SPECIAL DIET: _____

OTHER CONCERNS (yes/no) : IF YES, FILL OUT BELOW

SIGNIFICANT CHANGES IN YOUR CHILD'S LIFE (i.e. death, separation, move, new sibling,...):

IS THERE A CUSTODY AGREEMENT OR RESTRAINING ORDER (yes/no), IF YES, A COPY MUST BE PROVIDED

DETAILS: _____

ARE THERE ANY PERSONS THAT SHOULD NOT HAVE ACCESS TO YOUR CHILD (yes/no), IF YES, PLEASE FILL OUT BELOW

ANY OTHER IMPORTANT INFORMATION (i.e. food likes, dislikes, toileting, favorite things, fears, religious and/or cultural observances,...):

I REALIZE THAT THE CENTER MUST REPORT ANY ACCIDENT OR INCIDENT OF A SUSPICIOUS NATURE.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE ANY CHANGES.

PARENT OR GUARDIAN SIGNATURE

DATE

PARENT AGREEMENT AND CONTRACT

Please initial each line and sign and date the end of the parent agreement.

_____ I will adhere to our agreed payment of \$ _____ per month and prepaid for the first of each month by post-dated checks or government subsidy forms.

_____ **If fees are not paid by the 5th of the month I understand that my child may be withdrawn from the program until payment has been received.**

_____ I agree to pay a \$50.00 non-refundable registration/supply fee, which holds a spot for my child for the school year and pays administration fees. I understand Kid's Connection Uplands regular programs operate from September to June only and that it is closed in December for 2 weeks for Winter Break. We do offer care in July and August for Summer Camp. I also understand the program is closed for all statutory holidays.

_____ My child is registered for the _____ program and I understand that I will be charged \$5.00 per 5 minutes after pick up time. **A maximum of 3 late pick-ups or other arrangements will have to be made.**

_____ I will not send my child to the center if they are ill and I will notify the center if my child has come in contact with a communicable disease. I will also call the center before my child's class begins to let staff know if my child will be absent that day.

_____ In case of accident or illness, I authorize the center to contact a physician and/or ambulance if I cannot be reached immediately to pick up my child and I will accept all physician/ambulance fees.

_____ In the event of absenteeism due to illness, vacation, etc. not initiated by the center, I understand I am still responsible for full payment.

_____ In case of a staff illness or emergency, I authorize a qualified substitute to care for my child.

_____ Kids Connection Uplands does not administer medications except needing for emergency such as inhalers for asthma and epi-pens for allergies. If your child needs such medication an allergy or asthma form will be given out and be added to your child's file.

_____ I understand sunscreen is required for high risk months (May to September). I will apply sunscreen **BEFORE** my child arrives to daycare. I consent for the staff at Kids Connection Uplands to apply the sunscreen I have provided for my child in the afternoon if necessary.

_____ I give permission for my child to participate in all field trips and activities that may be held on or off site, including the Adventure Playground, all other grass field on Uplands Elementary School Grounds and the computer lab. I allow my child to be transported by city bus or walk to all field trip destinations, a notice will be given prior to any field trips of the location and times.

_____ I give permission for my child's photograph to be taken to be displayed at the center, on our website and social media pages.

_____ Sometimes we offer snacks as an activity, which will be indicated on the monthly activity calendar. Allergies are always taken into consideration when offering snacks. Is your child allowed to partake in foods the center is providing? **YES or NO (please circle)**

_____ The first month of attendance will be considered a period of adjustment for each child. It is the center and parent's responsibility to keep each other informed of the child's progress and happiness. If a child seems unhappy or if the arrangement seems unsatisfactory for any other reason the contract can be terminated by either party without notice during this period.

Termination of regular services after this adjustment period requires 30 days-notice by either party in writing or a payment of one month's fees must be paid in lieu of notice. Post-dated checks would be returned at that time or if full payment was made a refund by check will be given. Please allow 2-4 weeks for processing of a refund by check after last day of child's attendance at the center for either termination of services or unexpected facility closure.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE ANY CHANGES. I HAVE RECEIVED A PARENT HANDBOOK WITH ALL INFORMATION ABOUT OUR POLICIES & PROCEDURES.

PARENT OR GUARDIAN SIGNATURE

DATE

START DATE OF PROGRAM

END DATE OF PROGRAM (office use)