



## KID'S CONNECTION AT UPLANDS

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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 \$75.00 registration/supply fee. We ask that you give a void check & form for direct-withdrawal or post-dated checks for the 1<sup>st</sup> 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/PAD agreement 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.

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

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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 (school year): 7:30am-8:45am/2:30pm-5:30pm/7:30am-5:30pm (please circle)

MY CHILD NEEDS CARE FROM (day camp): 8:00am-5:00pm/9am - 12:00pm (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: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

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

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

ASTHMA: \_\_\_\_\_ CONVULSIONS: \_\_\_\_\_ HAYFEVER: \_\_\_\_\_ 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 (school year) or \$ \_\_\_\_\_ per day (day camp) and prepaid for the first of each month by post-dated checks or government subsidy forms.

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 of the month I understand that my child may be withdrawn from the program until payment has been received.**

\_\_\_\_\_ I agree to pay a \$75.00 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. ***This fee does not apply for day camps***

\_\_\_\_\_ 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'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 AGREE I HAVE RECEIVED A PARENT HANDBOOK OR VIEWED KIDS CONNECTION UPLANDS' WEBSITE ([www.kidsconnectionuplands.com](http://www.kidsconnectionuplands.com)) WITH ALL INFORMATION ABOUT OUR POLICIES & PROCEDURES.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
START DATE OF PROGRAM

\_\_\_\_\_  
END DATE OF PROGRAM (office use)

# Before & After School Care Fees

## Registration Fee (Kindergarten to Grade 5)

Annual Fee

*This is paid yearly at the time of registration*      **\$75**

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## Before & After School Care (Grade 1 to 5)

Monthly Fees

*Monday to Friday (full time)*      **\$330**

*Monday/Wednesday/Friday*      **\$215**

*Tuesday/Thursday*      **\$180**

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## After School Care Only (Grade 1 to 5)

Monthly Fees

*Monday to Friday (full time)*      **\$280**

*Monday/Wednesday/Friday*      **\$175**

*Tuesday/Thursday*      **\$135**

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## Before School Care Only (Grade 1 to 5)

Monthly Fees

*Monday to Friday (full time)*      **\$135**

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## Kindergartens

This is our reduced rate after the Government of B.C. has topped off our fees with the Child Care Fees Reduction Initiative Funding (C.C.F.R.I.). We have opted to join this program to reduce fees for your child.

*Monday to Friday (full time)*      **\$285**

Before and After School Care

*Monday to Friday (full time)*

After School Only

**\$240**



## INSTRUCTIONS

1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the CPA website. See CPA Rule 005, Standards for the Exchange of Financial Data on AFT Files (Section D, Appendix 2, Transaction Types).
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

### PAYOR/PAYEE INFORMATION *(Mandatory)*

Account Holder Name(s) (the "Payor")	
Address ( <i>street, city, province, postal code</i> )	
Email Address	Phone No.
Payee Name (the "Payee") <input type="checkbox"/> same as Payor Kids Connection Uplands	
Address ( <i>street, city, province, postal code</i> ) 145 Middle Bench Rd S Penticton BC V2A 8S7	
Email Address kidsconnectionuplands@yahoo.com	Phone No. 250-488-2227

**PAYMENT DETAILS**    ☐ Specimen cheque marked "VOID" attached.

Description of PAD (optional)	CPA Transaction Type Code	Payment Type <i>(Choose one only.)</i>		Payor Financial Institution Name and Address <i>(the "Processing Institution")</i>															
		<input type="checkbox"/> Personal PAD	<input checked="" type="checkbox"/> Business PAD																
		<input type="checkbox"/> Funds Transfer PAD																	
Amount of Payment	Dates																		
<input checked="" type="checkbox"/> Fixed	<input type="checkbox"/> Weekly beginning																		
\$	<input type="checkbox"/> Bi-weekly beginning																		
	<input checked="" type="checkbox"/> Monthly beginning																		
<input type="checkbox"/> Variable <i>(Maximum Amount):</i>	<input type="checkbox"/> Other*																		
\$																			
	<input type="checkbox"/> Sporadic																		
			Payor Account <i>(The Payor's account at the Processing Institution; the "Account".)</i>																
			Institution No.				Branch ID				Account No.								
			0																
			Payee Account <i>(Payee's account for credit — complete if known.)</i>																
			Institution No.				Branch ID				Account No.								
			0				8 0 9				1 6 6 1 0 6 1 0 0 0 2 8 3 1 7 2 5								

\*Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD.

**AUTHORIZATION** (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions

page 2, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

X

Payor Signature

Date \_\_\_\_\_

**X**

Payor Signature

Date \_\_\_\_\_

**WAIVER OF PRE-NOTIFICATION** *(Does not apply to sporadic PADS.)*

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

X

Pavor Signature

X

Payor Signature

**CANCEL PAYMENT** ( *days notice is required before the next PAD will be issued. Cannot exceed 30 days.*)

The Pavor hereby cancels this Pavor's PAD Agreement effective:

**x**

Payor Signature

Date \_\_\_\_\_

X

Payor Signature

Date \_\_\_\_\_