



## 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**

\*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):

(parent 1): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

(parent 2): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS:

(parent 1): \_\_\_\_\_ (parent 2): \_\_\_\_\_

WORK PHONE NUMBER:

(parent 1): \_\_\_\_\_ (parent 2): \_\_\_\_\_

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.**

IMMUNIZATION: MY CHILD IS (please check box)

FULLY VACCINATED

PARTIAL VACCINATED

NOT VACCINATED

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 (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. *Please note, a child returning to us after summer, who was enrolled in our before and after school program the school the year before, this policy does not apply to you. Their adjustment period was the first month they were initially enrolled in our program.*

\_\_\_\_\_ I agree that to commit to the school year (September to June), however if Termination of regular services after the 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. *Also, we will not accept withdrawal of the program after January 31.*

*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. Notice must be given by the final day of the month prior. For example, notice must be given by October 31 making November their last month and last day of services would be November 30. Post-dated checks would be returned at that time. 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.

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PARENT OR GUARDIAN SIGNATURE

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DATE

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START DATE OF PROGRAM

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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)*      **\$255**

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

Monthly Fees

*Monday to Friday (full time)*      **\$250**

*Monday/Wednesday/Friday*      **\$200**

*Tuesday/Thursday*      **\$140**

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

Monthly Fees

*Monday to Friday (full time)*      **\$140**

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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)*      **\$235**

Before and After School Care

*Monday to Friday (full time)*

After School Only      **\$230**