



**HEAD OFFICE Green Portable A on 3172 Garner (and Victoria)
Chemainus Program Held in Chemainus Elementary Community School
3172 Garner Street, Chemainus V0R 1K2**

Phone: (250) 416-5473 Email Director: ccsaED@eagletree.ca Email Office Manager: officeccsa@eagletree.ca
Fax : 250-416-5493 www.chemainuscroftoncommunityschoolsassociation.ca Program Cell: 250-533-9819

Chemainus KidZ After School



Registration Package 2024-2025

KidZ After School is part of Eagle Tree Family Centre and is governed by the CCSA, the Chemainus Crofton Community Schools' Association, a non-profit society and registered Canadian Charity, which is financially dependent on user fees and grants.

Chemainus KidZ After School is a licensed childcare program offering families care and community education. Children share learning experiences, growth opportunities, the joys of friendship and the comfort of community.

TEXT or EMAIL

Chemainus KidZ After School Instructors

Program Cell: 250-533-9819

chkidzccsa@eagletree.ca

- If your child will be absent that day (Failure to inform penalty)
- If you are running late for pick-up or are extra early.
- With child and program questions

EMAIL

CCSA Administrators

officeccsa@eagletree.ca

or ccsaED@eagletree.ca

OFFICE PHONE: 250-416-5473

- For registration and financial questions
- In case we miss your phone message to the office
- With child and program questions

KidZ After School is a licensed program and falls under the rules and regulations of the Community Care Facility Licensing Act as well as the Ministry of Education and Childcare. Licensing regulations are designed for the safety of children in programs.

We will work hard to nurture your precious children!

Your CCSA EAGLE TREE Team

Chemainus KidZ After School Registration Form 2024-2025

ATTACH
Head Shot
PHOTO
HERE

CCSA OFFICE *Shaded areas are office use.*

Date of Enrollment: _____ **Date of Withdrawal:** _____
PLEASE NOTIFY US IMMEDIATELY WHEN YOU CHANGE ADDRESSES, TELEPHONE NUMBERS, EMAIL ADDRESS, OR WORKPLACES.

Child's First Name:		Child's Last Name:		Name Child Goes By:
Date of Birth Year/ Month/ Date	Age	Gender	Care Card Number #	
Parent/Guardian # 1 Contact	Phone:		Email	
Parent/Guardian # 2 Contact	Phone:		Email	
Child's Home Address:		Child's PO Box #	City	Postal Code
Alternate Home Address:		Alternate PO Box #	City	Postal Code
Teacher (If Known or to be added by staff)	School		Grade in Sept 2024	

PERSONS AUTHORIZED TO ACCEPT CALLS/ PICK UP YOUR CHILD in case of EMERGENCY or SICKNESS. Emergency Contacts MUST live close by, provide identification and be available to drive child if needed.

1. First and Last Name	Relationship	Phone
2. First and Last Name	Relationship	Phone
3. First and Last Name	Relationship	Phone

PERSONS NOT PERMITTED ACCESS TO YOUR CHILD (Please provide a picture if possible.)

Please Note: If the person prohibited from having access to your child is a birth parent, we need a copy of the court order.

First and Last Name	Relationship	Phone
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CHEMAINUS MONTHLY FEES Check your preferred option. *Circle your chosen days for part time.*

FULL TIME 5 Days \$316 <input type="radio"/>	Part Time 4 Days \$280 <input type="radio"/>	Part Time 3 Days \$235 <input type="radio"/>	Part Time 2 Days \$175 <input type="radio"/>	Part Time 1 Day \$95 <input type="radio"/>
M-F	M T W TH F	M T W TH F	M T W TH F	M T W TH F
Mondays We've Got Talent! A mixture of stories, drama, music and performing arts FUN!	Tuesdays Full STEAM Ahead! The engineering version of Tinker Tuesday!	Wednesdays on the Animal Planet Travel the world following the trail of different animals!	Thursdays at the Imaginarium Fanciful, magical, imaginative, creative, mysterious.	Fridays Friends and Neighbours Let's think of those around us!

**Each KidZ After School day runs from the end-of-school bell until 5:30 PM
Fees do not include Non-Instructional Day or 2 Hour Early Dismissal Camps**

FAMILY, PARENTAL INFORMATION & CUSTODY ARRANGEMENTS

TWO FAMILIES INFORMATION Child has two separated parents/Two guardians	Yes	No
Will both parents/guardians have access to picking up the child?		
Should we send email information to both parents/guardians named?		
Are both parents/guardians legally entitled to sign <u>our forms</u> for the child?		
Is there a legal document that would inform us about pick-up privileges?		
Who is financially responsible for fees? Please print and initial.		

FOSTER PARENT - SOCIAL WORKER INFORMATION	Name and Contact of the child's legal guardian.
Contact Name _____	Organization _____
Email _____	Phone _____
Permission for Foster Parent to sign for child's camp/s. Yes ___ No ___ Signed _____	
Foster Parent Name _____	
Email _____	Phone _____

SIBLINGS AND STEP-SIBLINGS		
Name	Date of Birth	Year/ Month/ Date
Name	Date of Birth	Year/ Month/ Date
Name	Date of Birth	Year/ Month/ Date

HISTORY of PHYSICAL HEALTH and WELL BEING

Depending on the needs of your child, we will work with you to design a care plan for medical support.

MEDICATION & ALLERGIES INFORMATION

Medical Condition and Names of medication your child takes regularly
ALLERGIES (Insects, Food, Other) and ALLERGY medication your child takes regularly
Will your child require medication or allergy treatment during our program time? INSTRUCTIONS
Any Food/Dietary Intolerances to Avoid?
Epi-pen? Yes ___ No ___ Comment
Are there any indications of vision, speech or hearing problems? Yes ___ No ___ If Yes, please specify and attach any available documentation.
Do we have your consent to apply sunscreen for outdoor activities? Yes ___ No ___

HEALTH PROFESSIONAL CONTACT INFORMATION

Child's Doctor	Phone #
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PARENT SIGNATURE giving permission for CCSA to give/access medical help.

It is the policy of this facility to notify a parent when a child is ill or needs medical attention. In an emergency, we may need to get immediate help for the child. Our procedure is to call parents AND administer First Aid as trained, OR call 911 for an Ambulance OR under parents' instructions have senior staff drive a child to urgent care. The life and safety of the child is given priority.

Parent Signature: I understand that the need for medical help is variable and I give my permission for staff to contact me and administer help as needed.

PRINT NAME _____ SIGNATURE _____

Immunizations for Childhood Diseases Attach Immunizations Records and check questions below.

My child has had all vaccinations from newborn to kindergarten. Yes _____ No _____

My child has had incomplete vaccinations. Yes _____ No _____

My child has had one or more COVID vaccination/s. Yes _____ No _____

My child has had no vaccinations. Yes _____ No _____

HISTORY of EMOTIONAL and SOCIAL HEALTH and WELL BEING

Depending on the needs of your child, we will work with you to design a care plan for behavioural, emotional and social support. We will help you as much as possible to acquire the support your child needs.

Do you have concerns about your child's behaviour or development? Yes _____ No _____

If Yes, please specify and explain.

Does your child have a behavioural or developmental diagnosis?

Yes _____ No _____ If Yes, please specify and explain. _____ If Yes, please specify and attach any available documentation.

Copies of documentation (Doctor's reports, IEPs) help us to support your child. We appreciate you sharing documentation with us regarding your child's special needs.

Are support personnel used or needed for your child at school? (Part or Full Time) Yes _____ No _____

Does your child receive support from services in the community? Yes _____ No _____

If Yes, please specify and explain.

May we have permission to speak to your child's teacher to be aligned with service delivery? Information is kept confidential. Yes _____ No _____

Please describe any cultural/religious considerations that you would like us to know about.

GOVERNMENT BENEFITS: AFFORDABLE CHILDCARE BENEFIT

Provincial Government Funding is for families of children in preschool, child care or after-school care programs. Our organization fills out one section of your application. *You are responsible for paying the full fees until we receive notification from the province confirming your benefit.* Early applications, made well before September, are processed faster. Get forms or make reports by googling BC Provincial Government ACCB, logging in to [My Family Services](#), or phoning the Child Care Service Centre at 1- 888-338-6622.

FRI (Fee Reduction Initiative) is applied automatically by our office.

Will you be applying for the Affordable Child Care Benefit? Yes ___ No ___ Already Have ___

CONTRACTUAL AGREEMENTS, PERMISSIONS AND DOCUMENTATION

PHOTOS: CCSA takes photographs of your child for emergency and allergy alert use as per Licensing requirements. Please initial below to give your consent for other photograph uses – no compensation.		
I permit my child’s photograph to be used for:	Initial YES	Initial NO
KidZ Program Use: Artwork, projects, KidZ projects, journals, sketch books		
Promotional Use: Digital: Websites (SD79, CCSA), CCSA Facebook page, CCSA Instagram, (Names will not be used). Other possible Social Media.		
Promotional Use: CCSA Hard Copy: Brochures, Flyers, Posters, (Names will not be used).		
Promotional Use: Public Hard Copy: Newspaper (Name are requested).		
Reporting Use: Hard and Digital Copy: Used for reports to grant and sponsor donors and to CCSA Board. (Names will not be used).		
CONTRACTUAL AGREEMENTS: My initials indicate:	Initial YES	Initial NO
I agree to pay the full month’s fees on or before the 1st of each month. If not, I will pay the late fine of \$5 per day. I may request a Payment Plan.		
I agree to pay a fine of \$5 EACH DAY if I fail to inform the KidZ Instructors (BEFORE school is over) that my child will be absent that day.		
I will inform the CCSA KidZ Office in WRITING before the first of the month, giving one month’s notice, when I wish to withdraw my child OR change my child’s schedule.		
I agree to be a member of the non-profit association CCSA via a \$25.00 per year membership fee when registering.		
I understand that if I attend the AGM (Annual General Meeting) in the fall I will receive a coupon for 50% off the price of a KidZ Camp.		
I authorize my child to go on out-trips from the school walking to and from locations near the school property, such as a park. (Families will be notified in advance).		
I understand late pick-up arrivals will receive a penalty of \$5 per minute. Emergency Exceptions apply. Children need a few minutes to prepare to leave at the end of the day. Please allocate that time when considering pick-up.		
I understand that fees do not include Non-Instructional Day Camps or 2-hour Early Dismissals (Both require extra staff hours). Discounts will be offered.		
Due to losses and breakages, we request children not bring personal items from home (toys) out of their backpacks during the program.		
I understand I will not receive a refund for closures beyond the control of the CCSA, such as snow or heat closures.		
I UNDERSTAND that fees have been averaged over 10 months to make each month the same price, even though December and March are closed for 2 weeks each.		
I also hereby understand and agree that my family’s personal information collected on this document is for the sole use of the CCSA KidZ After School Programs, and will be kept confidential and held without judgment.		

REQUIREMENTS: SUPPLIES AND FINANCIAL

YOUR CHILD IS FULLY REGISTERED WHEN WE HAVE:

- A **COMPLETED** and signed KidZ After School Registration Form
- \$35.00** non-refundable registration fee
- \$25.00** non-refundable CCSA membership fee: good till August 30/2025
- Registration Deposit – FULL payment for the last month of program is needed at the time of registration. This will be applied to the last month of fees owed; usually June. Early withdrawal requires proper notice.
- Completed Immunization Information
- IF NEEDED. Copy of Court Documents about child. (Without these, both birth parents are considered legal guardians and child will be released to either parent).

MONTHLY PAYMENTS

HOW do you plan to pay throughout the year? _____

Fee Payment Options: Cheque, postdated cheques dated the 1st of each month, exact cash, credit card # on file, (a surcharge will be charged for all credit card payments) debit or E-Transfer payments to officeccsa@eagletree.ca **No security code is required.**

SUPPLIES TO BRING

Clothing/shoes to be kept with KidZ After School: Staff and parents are not allowed into school and classrooms.

- One complete change of clothes (kindergarten children)
- **One separate clean pair of indoor gym shoes with *child's name* to be used for inside the gym. Classroom indoor shoes are not available.**

SNACK: For snack time, children are requested to bring

- Water (only) in a water bottle with child's name on it.
- An extra snack for KidZ After School in their lunch kit.
- We provide a snack to supplement the child's lunch kit snack from home. This is optional for each child.

In consideration of my child's registration, I acknowledge and agree that they may use all facilities used by CCSA KidZ After School, when staff permit, **AT THEIR OWN RISK**, and I shall not cause or permit proceedings on behalf of myself and/or my child to be brought against the CCSA, SD 79, CCSA KidZ After School Program, and their members, volunteers or employees.

MY SIGNATURE INDICATES MY ACCEPTANCE OF CCSA & KIDZ AFTER SCHOOL POLICIES AND PROTOCOLS

SIGNATURE OF ENROLLING ADULT/ GUARDIAN

PRINTED NAME

SIGNATURE OF CCSA STAFF

PRINTED NAME