



HAPPY CAMPERS  
CHILD CARE LTD.

*"Offering quality child care in the Western Communities since 1992"*

**REGISTRATION FORM – (0-5 years)**

**Child's Full Name:** \_\_\_\_\_

Please check the type(s) of care you require:

Types of care	Monthly rates 0-2 ½ yrs	Effective Jan 1/18	Monthly rates 2 ½-3 yrs	Effective Jan 1/18	Monthly rates 3-5 yrs	Effective Jan 1/18
<b>Full Time</b>	<b>\$1050</b>	<b>\$1080</b>	<b>\$895</b>	<b>\$920</b>	<b>\$800</b>	<b>\$825</b>
<b>4 Days Per Week</b> (if available)	<b>\$945</b>	<b>\$975</b>	<b>\$770</b>	<b>\$795</b>	<b>\$700</b>	<b>\$720</b>
<b>3 Days Per Week</b> (if available)	<b>\$710</b>	<b>\$730</b>	<b>\$590</b>	<b>\$610</b>	<b>\$530</b>	<b>\$545</b>
<b>2 Days Per Week</b> (if available)	<b>\$475</b>	<b>\$490</b>	<b>\$395</b>	<b>\$410</b>	<b>\$365</b>	<b>\$375</b>
<b>1 Day Per Week</b> (if available)	<b>\$355</b>	<b>\$365</b>	<b>\$305</b>	<b>\$315</b>	<b>\$215</b>	<b>\$220</b>
<b>Drop in (if available)</b>	<b>\$78.50/day</b>	<b>\$80/day</b>	<b>\$67.50/day</b>	<b>\$70/day</b>	<b>\$47.50/day</b>	<b>\$50/day</b>

*Please ensure all items on this check list have been completed and attached prior to registration along with \$40 registration processing fee. Incomplete packages will not be processed & space will not be reserved.*

<b>Registration form completed &amp; signed</b>
<b>\$40 non-refundable registration processing fee (payable today)</b>
<b>Immunization dates attached or form waived</b>
<b>Post dated cheques/Pre-Authorized Credit Card Form/e-transfer</b>
<b>Legal copy of custody restrictions (if applicable)</b>
<b>Government subsidy authorization (if applicable)</b>
<b>Recent photo of your child (photocopy acceptable)</b>

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

<b>Date Received</b>		<b>Site Enrolled</b>	
<b>Start date</b>			
<b>Payment method:</b>	<b>Post-Dated Cheques</b>	<b>Credit Card</b>	<b>e-transfer</b>
<b>Comments:</b>			

*Happy Campers Child Care Ltd.*  
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 E-mail: [lucy-ann@happycampers.ca](mailto:lucy-ann@happycampers.ca)  
[www.happycampers.ca](http://www.happycampers.ca)

<b>Family Information</b>	<p> <b>Child's name:</b> _____ <b>Birth date:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female  <span style="margin-left: 600px;">Yr/mon/day</span> </p> <p> <b>Name child responds to:</b> _____ </p> <p> <b>Name of enrolling parent:</b> _____ <b>S.I.N #:</b> _____ </p> <p> <b>Address:</b> _____ <b>Home phone:</b> _____ </p> <p> <b>Postal code:</b> _____ <b>Cell phone:</b> _____ <b>E-mail:</b> _____ </p> <p> <b>Employer:</b> _____ <b>Work phone:</b> _____ </p> <p> <b>Name of other parent:</b> _____ <b>S.I.N #:</b> _____ </p> <p> <b>Address:</b> _____ <b>Home phone:</b> _____ </p> <p> <b>Postal code:</b> _____ <b>Cell phone:</b> _____ <b>E-mail:</b> _____ </p> <p> <b>Employer:</b> _____ <b>Work phone:</b> _____ </p> <p> <b>Other children living at home:</b> </p> <p> <b>Name:</b> _____ <b>Date of birth:</b> _____ </p> <p> <b>Name:</b> _____ <b>Date of birth:</b> _____ </p>
<b>Emergency contacts &amp; persons authorized to pick up child</b>	<p> <b>Name:</b> _____ <b>phone:</b> _____ <b>alt phone:</b> _____ </p> <p> <b>Name:</b> _____ <b>phone:</b> _____ <b>alt phone:</b> _____ </p> <p> <b>Name:</b> _____ <b>phone:</b> _____ <b>alt phone:</b> _____ </p>
<b>Persons not permitted access to child</b>	<p> <b>Name:</b> _____ <b>phone:</b> _____ <b>alt phone:</b> _____ </p> <p> <b>Name:</b> _____ <b>phone:</b> _____ <b>alt phone:</b> _____ </p>
<b>Custody restrictions</b>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please attach court order and state general conditions here (<i>this is a legal requirement in order for us enforce conditions</i>): _____ </p> <p> _____ </p>
<b>General</b>	<p> <b>Is your child toilet trained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p> <b>Would you like your child to nap?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long? _____ </p>

**Health information**

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal health number: \_\_\_\_\_

**Does your child have any special needs?**  Yes  No

If yes, please explain & give a copy of diagnosis (having this on file is now a legal requirement):  
\_\_\_\_\_

**Does your child have a special needs worker?**  Yes  No

**If you answered yes and your child is not currently registered in Happy Campers, please contact the office before submitting your application.**

**Does your child have any allergies to anything?**  Yes  No

If yes, please explain: \_\_\_\_\_

**Has your child had any serious health problems that we need to be aware of?**  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Does your child regularly take medication?**  Yes  No

If yes, please explain: \_\_\_\_\_

**An “authorization to administer medication” form (available at your Happy Campers site) will need to be filled out prior to any medications being administered. A health care plan is also required for children requiring emergency medication. form ( both available at your Happy Campers site)**

**Immunization**

**You are responsible for keeping a copy of your child’s immunizations; a copy of the immunization record or specific dates written out must be attached 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 have to remove my child from the center until cleared in writing by medical staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like for the staff at Happy Campers childcare, to NOT call me for every first aid incident that my child is involved in. I would like to ONLY be called for FIRST AID EMERGENCIES (ie. Child requires medical attention at a clinical hospital, head injury or has a communicable disease.)

Signature: \_\_\_\_\_

**Child care**

**Has your child been registered at Happy Campers before?**  yes  no

<b>information</b>	<p><b>Has your child attended a child care setting before?</b> <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>My child will be arriving at Happy Campers at</b> _____ a.m.</p> <p><b>My child will be picked up from Happy Campers at</b> _____ p.m.</p> <p><b>Please add any information relevant to your child being cared for at Happy Campers.</b></p> <hr/> <hr/>
<b>Policies &amp; procedures</b>	<p>I, _____ legal parent/guardian of the child _____</p> <p>have read, understood and agree to all the terms and conditions of Happy Campers Child Care Ltd. as set out in the parent handbook that I received with this application form.</p> <p>I agree to abide with the centre's policies regarding:</p> <ul style="list-style-type: none"> <li>a) Fees are to be paid in advance on the 1<sup>st</sup> of each month (or the 1<sup>st</sup> &amp; 15<sup>th</sup> of each month if it has been pre-arranged),</li> <li>b) If MCFD is paying or if child care subsidy has been applied for, you are responsible for paying the full fees until MCFD or subsidy fees come through</li> <li>c) Priority is given to full time children</li> <li>d) \$25:00 charge for each N.S.F. cheque,</li> <li>e) 2% interest charge will be added to all fees not paid on time</li> <li>f) If your payment is not received on time, your child may lose his/her space at the centre,</li> <li>g) One month's written notice is required when withdrawing your child from the program,</li> <li>h) Authorizing us to contact you via email with address provided</li> <li>i) <b>There are no refunds.</b></li> </ul> <p>_____</p> <p style="text-align: center;"><i>Parent signature</i> <span style="float: right;">_____</span> <i>Date</i></p>
<b>Permissions</b>	<p>I give authorization for my child _____,</p> <ul style="list-style-type: none"> <li>a) To go on field trips arranged by Happy Campers staff: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>b) Happy Campers will transport children to and from offsite activities using BC Transit public transportation or our bus please note that no buses have seatbelts. <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>c) To be transported by ambulance (at the parents' cost) to the nearest medical facility with a member of Happy Campers staff in the event of an accident/illness (I understand that all parents/guardians will be notified first when at all possible): <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>d) To have my child's photograph taken in the program setting for general record keeping and publicity purposes: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>e) To have Happy Campers staff help apply sunscreen if &amp; when deemed necessary: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>f) I accept all responsibility for payment of all accounts rendered to my family: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> </ul> <p>_____</p> <p style="text-align: center;"><i>Parent signature</i> <span style="float: right;">_____</span> <i>Date</i></p>

*\* Thank you for applying to Happy Campers!*