

# ERICO CHILDCARE CONSULTANTS LTD

1250 Mathers Avenue · West Vancouver B.C. V7T 2G3 · Telephone 604-926-9142 · Fax 604-926-9139 [www.ericochildcareconsultants.com](http://www.ericochildcareconsultants.com)

---

## REGISTRATION FORM NOTES 2018-2019

### New Families

**Please note that Registration Forms will not be accepted without the following:**

- **The Registration Form fully completed & printed clearly.**  
*Your two **Emergency Contacts MUST live &/ or work on the North Shore** and have suitable transportation to be able to collect your child if required to do so. These people cannot be yourself or your husband/wife or partner.  
Your **Out Of Province Contact** CANNOT live in B.C. They can live anywhere else in Canada or the world.*
- **A copy of your child's Record of Immunization / health history.** *This can usually be obtained from Vancouver Coastal Health & will be kept in the child's file. The school already has this information but we are not allowed to share it and it is mandatory under our License, to have this information on file.*
- **A Signed Transport/Outings sheet.**  
*You will only have to do this once – it will be kept on file.*
- **A recent wallet-size colour portrait photo of your child.**  
*Your child should be instantly recognizable in the photo.*
- **The Policy & Procedures Letter signed & dated.**  
*First read the Policy & Procedures Document then sign & return the letter saying you have read & understood it.*
- **Registration Fee(s).**  
*A non-refundable Registration Fee of \$50 per child. Dated on the current date.*

### **La Maison & Club West.**

Because of the Licensed Capacity for both Centres the following 'pecking order' will once more be used to determine who will be placed at each Centre in September. This does not mean that we cannot care for your child(ren) but it may mean that they will be cared for at either Camp Ridgeview or Holly House instead. As soon as a suitable opening should arise at your own school's Centre we will move your child back there as soon as we are able. **The days you register for MUST be fully used for at least 4 months from the start of the School Year.** No reductions in care will be allowed during this period..

Priority for those families registering for the entire school year will be as follows:

1. Before and after school 5 days per week. (Session 1 & 3)
2. Before and after school 4 days per week. (Session 1 & 3)
3. After school 5 days per week. (Session 3)
4. Before and after school 3 days per week. (Session 1 & 3)
5. After school 4 days per week. (Session 3)
6. After school 3 days per week. (Session 3)
7. Before and after school 2 days per week. (Session 1 & 3)
8. After school 2 days per week. (Session 3)
9. Before and after school 1 day per week. (Session 1 & 3)
10. After school 1 day per week. (Session 3)

# ERICO CHILDCARE CONSULTANTS LTD

1250 Mathers Avenue · West Vancouver B.C. V7T 2G3 · Telephone 604-926-9142 · Fax 604-926-9139 [www.ericochildcareconsultants.com](http://www.ericochildcareconsultants.com)

Enrollment Date: **SEP 2018**

Reg Fee: \_\_\_\_\_

## REGISTRATION FORM SCHOOL YEAR 2018 - 2019

**ALL CHILDREN MUST BE OF SCHOOL AGE - Kindergarten to Grade 7**

I will require care for my child \_\_\_\_\_ as follows:  
(Please check appropriate spaces)

Day	Session 1 7:30 -9:00am	Session 3 3:00 -6:00pm	
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

If you are registering for Drop-In purposes only please check here

### REGISTRATION GUIDELINES

- There are two sessions throughout the day in which you can register your child:  
**Session 1:** 7.30am - 9.00am **Session 3:** 3.00pm – 6:00pm
- You may register for one or two sessions per day.
- You must register for a minimum of three days per week (*otherwise the 1 - 2 Day rate will apply.*)
- Flexible care may be arranged depending on enrollment.
- If you intend to register for DROP IN CARE only – please indicate this on the form. (*Do not check all the sessions, please.*) **Note:** DI Care is always space permitting.
- **FEES** are payable monthly by 10 post-dated cheques, dated the 1<sup>st</sup> of each month for the School Year. Please write your child's name on each cheque.
- A **\$50 Registration Fee** (*non-refundable*) is required for ALL registrations (*new or returning children*) to secure your space and should accompany the completed Registration Form. Cheques should be made payable to HOLLY HOUSE, CAMP RIDGEVIEW or ERICO CHILDCARE CONSULTANTS Ltd.

# ERICO CHILDCARE CONSULTANTS LTD

1250 Mathers Avenue · West Vancouver B.C. V7T 2G3 · Telephone 604-926-9142 · Fax 604-926-9139 [www.ericochildcareconsultants.com](http://www.ericochildcareconsultants.com)

---

## REGISTRATION FORM 2018 - 2098

*This form should be completed by the parents, custodial parent or legal Guardian.*

*A separate form is required for each child.*

### CHILD'S INFORMATION.

Full Given Name: \_\_\_\_\_ Male/Female (Circle)

Birth Date: (D/M/Y) \_\_\_\_\_

Medical Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade (in Sept) : \_\_\_\_\_

### PARENTS OR GUARDIAN'S INFORMATION

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Post Code \_\_\_\_\_

Home: \_\_\_\_\_ Work : \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Post Code \_\_\_\_\_

*(if different from above)*

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child (if not parent): \_\_\_\_\_

If divorced or separated Legal Custody of child: *Please circle:* Mother. Father. Joint.

Family E-Mail: \_\_\_\_\_

*If there is anyone NOT authorised to collect your child please write their name(s) here:*

\_\_\_\_\_

### HEALTH

Please indicate any special concerns, allergies, medications or chronic conditions your child may have:

\_\_\_\_\_

*For life threatening conditions a Care or Emergency Plan must be in place.*

### IMMUNIZATION. *(delete as appropriate)*

My child has been immunized against DPT, MMR., Polio, Hib and all are up to date & on file  
I have chosen not to have my child immunized. *(An official document needs to be completed and kept on file.)*

# ERICO CHILDCARE CONSULTANTS LTD

1250 Mathers Avenue · West Vancouver B.C. V7T 2G3 · Telephone 604-926-9142 · Fax 604-926-9139 [www.ericochildcareconsultants.com](http://www.ericochildcareconsultants.com)

## EMERGENCY CONTACTS.

ECCLtd require that you designate and authorise two people, not living at the same address but **living/working on the North Shore**, & preferably in the same area as you, who can be contacted in the event that you cannot be reached, or to pick up your child should you be unable to do so. They may be required to show some form of I.D. when they come to collect your child. **These people cannot be yourself or your husband/wife or partner.**

Name #1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### EMERGENCY DISASTER PLAN - Mandatory

I hereby designate \_\_\_\_\_ Cell: \_\_\_\_\_  
Or \_\_\_\_\_ Cell: \_\_\_\_\_  
To collect my child in the case of an emergency should I be unable to do so.

**Out of Province** contact for natural disaster plan (*Include Country Code & Area Code*)

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

## EMERGENCY CONSENT

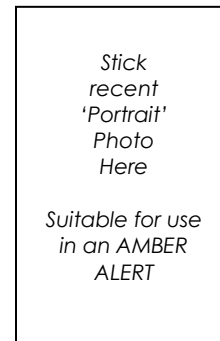
*It is a requirement of the Community Care and Assisted Living Act, Child Care Licensing Regulations, that the Licensee obtain an Emergency Consent Form signed by a parent or legal Guardian of each child enrolled in the licensed facility.*

### PERMISSION FOR EMERGENCY MEDICAL AID IN CASE OF ACCIDENT OR ILLNESS

I hereby give permission to *Camp Ridgeview Staff*  
to call a physician, ambulance or transport my child  
\_\_\_\_\_ to the nearest Medical Centre  
in the case of accident or illness when I cannot be reached.

\_\_\_\_\_  
Signature of Parent or Guardian.

Date \_\_\_\_\_



# ERICO CHILDCARE CONSULTANTS LTD

1250 Mathers Avenue · West Vancouver B.C. V7T 2G3 · Telephone 604-926 -9142 · Fax 604- 926-9139 [www.ericochildcareconsultants.com](http://www.ericochildcareconsultants.com)

---

## TRANSPORT / OUTINGS

### TRANSPORT

I give permission for my child \_\_\_\_\_ to be transported by our official designated drivers, in licensed and fully insured vehicles, on public transport or on a Bus specifically hired by the Centre, whenever necessary.

### OUTINGS.

During the school year if the weather is fine we occasionally like to take the children to the beach or to a nearby park. As these outings are usually impromptu we would like permission for your child to accompany us whenever the weather and time permits us to do this. This is a general permission slip for the school year, which does not apply to special outings where public transportation is necessary. *(see above)*

I request that my child \_\_\_\_\_ accompany you on any outings in the neighbourhood of the school.

---

*Parent/Guardian*

---

*Date*

# ERICO CHILDCARE CONSULTANTS LTD

1250 Mathers Avenue · West Vancouver B.C. V7T 2G3 · Telephone 604-926 -9142 · Fax 604- 926-9139 [www.ericochildcareconsultants.com](http://www.ericochildcareconsultants.com)

---

Dear Parents,

Please take time to read our **POLICIES & PROCEEDURES** document pertaining to the School Year 2018 - 2019 at Camp Ridgeview, Holly House, La Maison & Club West. Important information is contained therein, and it changes each year.

Once you have done this please sign this letter and return it together with your Registration Form.

Thank you for your co-operation.

With best wishes,

*Rosemary di Bernardo*

Rosemary di Bernardo. Director.

***I have read and understood the POLICIES & PROCEEDURES pertaining to Camp Ridgeview & Holly House for the School Year 2018 - 2019***

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Child*