ERICO CHILDCARE CONSULTANTS LTD

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REGISTRATION FORM NOTES 2025-2026

NEW CHILDREN

Please submit the complete package by e-mail to us at ericoccc@telus.net

- **Please read the fillable Registration Form carefully then complete it fully** *(no blank areas and nothing handwritten.) It is already a pdf so all you need to do is Save a copy (**Ctrl+ s**) for your records and send a copy to us via e-mail.(Do **not** 'save as'). There is no need to physically sign it –just print your name in the signature boxes.*
  Please note: *Your two **Emergency and Disaster Plan Contacts MUST live &/ or work on the North Shore.** 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.*
- **Send 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 cannot share this information and it is mandatory, under our License, to have this information on file.*
- **Send a recent colour portrait photo** *(jpeg)* **of your child.** *(No hat) We will resize it*
- Download & read the **Policy & Proceedures /Parent Information Pkg** on our website then sign where indicated on the last page of the Registration Form, saying you have read & understood it.
- **E-transfer $50** per child to ericoccc@telus.net for the **Registration Fee** dated the current date *(non-refundable)*
  Registration Forms will not be accepted if any of the above is missing.

  Please refer to our website for pertinent health related information

  Registration Format - Because of the Licensed Capacity for our Centres the following 'pecking order' will be used to determine the order in which children will assigned a space at each Centre in September. **The days you register for MUST be fully used for at least 4 months from the start of the School Year**. No reductions in fees 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)*

FEE PAYMENT: Please note our fees are payable by CHEQUE only. If you do not already have cheques please arrange to get some from your Bank now *(a fair warning!)* We require 10 postdated cheques, dated the first of each month, and **given to us no later than Friday 12 September 2025**.
Failure to do this will mean they cannot start with us until the cheques have been received.

ERICO CHILDCARE CONSULTANTS LTD REGISTRATION FORM SCHOOL YEAR 2025-2026

All fields must be completed

Child's Information

First Name: _____ **Last Name:** _____

Male/Female: _____

Date of Birth *(dd/mm/yyyy):* _____

School: _____ **Grade:** _____

Mother's Information

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Post Code:** _____

Cell: _____ **Home:** _____

e-mail: _____

Father's Information

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Post Code:** _____

Cell: _____ **Home:** _____

e-mail: _____

If divorced or separated

Custody: _____ **Court Documents:** _____ *Y/N*

Emergency Contact Information

We 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 must show some orm of I.D. when they come to collect your child.* ***These people cannot be yourself, your husband/wife or partner.***

Emerg #1 First Name: _____ **Last Name:** _____

Address: _____

City: _____

Cell: _____ **Home:** _____

Emerg #2 First Name: _____ **Last Name:** _____

Address: _____

City: _____

Cell: _____ **Home:** _____

Name of any person NOT allowed to collect your child: _____

Medical/Health Information

Doctor's First name: _____ **Last Name:** _____

Tel: _____

Child's MSP #: _____

Medical/Health Information

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

My child has been immunized and all Vaccinations are up to date & on file _____ *Y/N*

I have chosen not to have my child immunized. *(An official document needs to be completed and kept on file.)* _____ *Y/N*

EMERGENCY DISASTER PLAN - Mandatory

I herby designate the following people to collect my child in the case of an emergency should I be unable to do so

First Name: _____ **Last Name:** _____ **Cell:** _____

First Name: _____ **Last Name:** _____ **Cell:** _____

Out of Province Contact *- this person can live anywhere in the world except B.C.Include Country Code & Area Code*

First Name: _____ **Last Name:** _____

Tel: _____ **Country/Prov:** _____

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.

I hereby give permission to *Erico Childcare Staff* to call a physician,ambulance or transport my child

First Name: _____ **Last Name:** _____

to the nearest Medical Centre in the case of accident or illness when I cannot be reached.

Signed by Parent or Guardian: _____ **Date:** _____

DO NOT PUT PHOTO HERE

Send photo jpeg separately

TRANSPORT / OUTINGS

TRANSPORT

I give permission for my child

First Name: _____ **Last Name:** _____

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 give permission for my child

First Name: _____ **Last Name:** _____

to accompany you on any outings in the neighbourhood of the school.

Signed by of Parent or Guardian: _____ **Date:** _____

DAYS REQUIRED FOR SCHOOL YEAR 2025 - 2026

ALL CHILDREN MUST BE OF SCHOOL AGE - Kindergarten to Grade 7
but priority will be given to those entering grades K-6

I will require care for my child

First Name: _____ **Last Name:** _____ as follows

*(Mark '**Yes**' for days required)*	***Session 1***	***Session 3***
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

1. There are two sessions throughout the day in which you can register your child:
   Session 1: **7.30am - 9.00am before School &** ***Session 3:*** **2:40pm – 6:00pm after School**
2. You may register for one or two sessions per day.
3.
4.
5. **FEES** are payable monthly by 10 post-dated cheques, dated the 1st of each month for the School Year.
   Cheques should be made payable to Camp Ridgeview, Holly House or Erico Childcare Consultants Ltd
6. Please write your child's name on each cheque
7. **Please note that these cheques must be received by Friday 12 September 2025 at the latest**.
   Failure to do this will result in us not being able to look after your child the second week onwards, until we get them.

A **$50 Registration Fee** *(non-refundable)* **is required for ALL registrations** *(new & returning)* **to secure your space.**
It is payable by E-TRANSFER to ericoccc@telus.net **Paid:** _____

NOTE

Please take time to read our **POLICIES & PROCEEDURES** document pertaining to the School Year 2025 - 2026
Important information is contained therein, and it changes each year then sign the declaration below

I have read and understood the POLICIES & PROCEEDURES pertaining to Camp Ridgeview, Holly House, La Maison & Club West contained in the Parent Information Package for the School Year 2025- 2026.

Signed by Parent or Guardian: _____ **Date:** _____