ERICO CHILDCARE CONSULTANTS LTD.

1250 Mathers Avenue, West Vancouver B.C. V7T 2G3 Telephone (604) 926-9142 Fax (604) 926-9139

www.ericochildcareconsultants.com

E-mail: ericoccc@telus.net

REGISTRATION NOTES 2025-2026

RETURNING CHILDREN

<u>PRE-REGISTRATION DEADLINE 27 JUNE, 2025. After this date we cannot guarantee your space.</u>

- Please read the **Registration Form** carefully and complete it fully. It is fillable. (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.
- Also send a **recent colour portrait photo** (jpeg) of your child. They should be instantly recognizable in the photo.
- 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 <u>ericoccc@telus.net</u> for the **Registration Fee** dated the current date (non-refundable)

Your registration will not be accepted if the requested information is incomplete.

REGISTRATION & PLACEMENT.

Up until 27 June 2025, returning children will be given the opportunity to re-register for the days that they attended in June 2025. After that date, because of the Licensed Capacity of all our Centres, the following 'pecking order' will be used to determine the order in which the children will be assigned a space at each Centre in September. **PLEASE NOTE:** As space is at a premium all registered days must be paid for and fully utilized for at least 4 months from the start of the school year. Failure to do this will automatically cause a review of your registration and may result in a change in care.

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, to be given to us no later than Friday 12 September 2025. Failure to do this will mean your child will not be able to attend after this date until the cheques have been received.

Regrettably we are not able to participate in the Childcare Fee Reduction Initiative this year, however financial assistance may be obtained through the Affordable Childcare Benefit program.

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
in the same area as you, who can be contact	two people, not living at the same address but living/working on the North Shore, & p	referably
rney must snow some orm or i.b. when the	ed in the event that you cannot be reached, or to pick up your child should you be unable y come to collect your child. These people cannot be yourself, your husband/wife or	to do so.
Emerg #1 First Name:		to do so.
	come to collect your child. These people cannot be yourself, your husband/wife or	to do so.
Emerg #1 First Name:	come to collect your child. These people cannot be yourself, your husband/wife or	to do so.
Emerg #1 First Name: Address: City:	come to collect your child. These people cannot be yourself, your husband/wife or least Name:	to do so.
Emerg #1 First Name: Address: City: Cell:	Last Name: Home:	to do so.
Emerg #1 First Name: Address: City: Cell: Emerg #2 First Name:	Last Name: Home: Last Name:	to do so.
Emerg #1 First Name: Address: City: Cell: Emerg #2 First Name: Address:	Last Name: Home:	to do so.
Emerg #1 First Name: Address: City: Cell: Emerg #2 First Name: Address: City:	Last Name: Home: Last Name:	to do so.
Emerg #1 First Name: Address: City: Cell: Emerg #2 First Name: Address: City:	Last Name: Home: Last Name: Home:	to do so.
Emerg #1 First Name: Address: City: Cell: Emerg #2 First Name: Address: City: Cell:	Last Name: Home: Last Name: Home:	to do so.
Emerg #1 First Name: Address: City: Cell: Emerg #2 First Name: Address: City: Cell: Name of any person NOT allowed to collect Medical/Health Information	Last Name: Home: Home:	to do so.
Emerg #1 First Name: Address: City: Cell: Emerg #2 First Name: Address: City: Cell: Mame of any person NOT allowed to collect Medical/Health Information Doctor's First name: Tel:	Last Name: Las	to do so.
Emerg #1 First Name: Address: City: Cell: Emerg #2 First Name: Address: City: Cell: Mame of any person NOT allowed to collect Medical/Health Information Doctor's First name: Tel:	Last Name: Home: Home:	to do so.

Medical/Health Information		
Please indicate any special concerns, a	allergies, medications or chronic conditions your child ma	ay have:
For life threatening conditions a Care or Emerge	ency Plan must be in place.	
mmunization		
My child has been immunized and all Vaccination	Y/N	
have chosen not to have my child immunized. (A	Y/N	
EMERGENCY DISASTER PLAN - Mandatory		
I herby designate the following people	to collect my child in the case of an emergency should ${\sf I}$	be unable to do so
First Name:	Last Name:	Cell:
First Name:	Last Name:	Cell:
Out of Province Contact - this person can live any	where in the world except B.C.Include Country Code & Area Code	
	Last Name:	
Tel:		
	Country/Prov:	
EMERGENCY CONSENT		
t is a requirement of the Community Care and Assisted Livin	g Act, Child Care Licensing Regulations, that the Licensee obtain an I	Emergency Consent Form
signed by a parent or legal Guardian of each child enrolled in	the licensed facility.	
I hereby give permission to Erico Child	care Staff to call a physician,ambulance or transport my	child
First Name:	Last Name:	
to the nearest Medical Centre in the ca	se of accident or illness when I cannot be reached.	
Signed by Parent or Guardian:		Date:
	_	
DO NOT PUT PHOTO HERE		
Send photo jpeg separately		

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 n First Name:	•		Last Name:		as follows
(Mark ' Yes ' for days requir	red)	Session 1	Session 3		
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
FEES are payable mo Cheques should be m Please write your child	one or two session on the property of the prop	ns per day. dated cheques, camp Ridgeview cheque the received I	dated the 1 st of v, Holly House or by Friday 12 Se	each month for the School Erico Childcare Consultant otember 2025 at the latest the second week onwards, the second week on wards, the second wards were the second week on wards.	s Ltd
•	•	•	•	ions (new & returning) to se	cure your space. Paid:
Important information	ad our POLICIES is contained ther	ein, and it chan	JRES document ges each year th	pertaining to the School Ye en sign the declaration belo	ar 2025 - 2026 w
			•	nining to Camp Ridgeview age for the School Year 20	•
Signed by Parent or	Guardian:				Date:

1.

3.
 4.
 5.

6. 7.

<u>NOTE</u>