



District of Taylor Kids Zone Registration Form Summer 2019

Fees for Kids Zone half days:

Half Days: 9:00am-12:00pm

- 1 week: \$50.00
- 2 weeks: \$95.00
- 3 weeks: \$135.00

Dates available:

Please select the weeks you would like your child(ren) to attend

- Week 1: July 8th – 12th
- Week 2: July 15th – 19st
- Week 3: July 22th – 26nd

Child #1's total: \$ _____

Child #2's total: + \$ _____

Child #3's total: (10% discount) + \$ _____

Grande Total: = \$ _____

An additional 10% discount applies for 3 or more children. (2 children pay full fees, any additional children receive 10% off their total)

Fees must be paid in full to ensure you child(ren)'s spot in the program.

Office Use Only: Date received: _____ Staff initial: _____
Birth certificate attached: _____ Immunization records attached: _____

Parents and/or Guardians, please complete all of the attached registration forms. A separate registration form MUST be filled out for EACH child attending. All information is required in order to complete the registration process.



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CHILD'S INFORMATION

Childs Full Name		
Date of Birth	Age	Gender
Home Address		
Mailing Address(if different from above)		
BC Care Card #	Family Doctor	Doctor's Phone Number
District Staff initial for proof of age of child: _____		

PARENT/GUARDIAN INFORMATION

Name	Relationship to Child
E-mail	Phone (Home)
	Phone (Cell)
Place of Work	Phone (Work)

Name	Relationship to Child
E-mail	Phone (Home)
	Phone (Cell)
Place of Work	Phone (Work)



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EMERGENCY CONTACT INFORMATION (parents or guardians are always contacted first)

Name	Relationship to Child
Phone Numbers (Please add any Numbers we may need to get a hold of them)	

Name	Relationship to Child
Phone Numbers (Please add any Numbers we may need to get a hold of them)	

CUSTODY ARRANGEMENTS

Are there court-ordered custody arrangements: No Yes (if yes, a copy of the custodial order must be attached to the application)
Please state general conditions:

HEALTH INFORMATION

Does your child:					
Have Vision Problems?	N	Y	Take Medication?	N	Y
Have Speech Problems?	N	Y	Have Any Emotional Challenges?	N	Y
Have Hearing Problems?	N	Y	Have Any Physical Challenges?	N	Y
Have Allergies?	N	Y	Have Any Other Health Concerns?	N	Y
Have any special dietary requirements? N Y					
Please Comment on All Items Marked "Yes"					

*****Please attach a copy of the child's immunization records*****



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PICK-UP AUTHORIZATION FORM

Parents/Guardians and Emergency Contacts are already authorized to pick the child up from the program. Please list any other person(s) who may be picking up your child.

Name	
Relationship to Child	Phone Number

Name	
Relationship to Child	Phone Number

Name	
Relationship to Child	Phone Number

Name	
Relationship to Child	Phone Number

Anyone other than those listed above is not permitted to pick up my child without my confirmed consent.

Date

Parent/Guardian Signature



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PARENT/GUARDIAN CONSENT FORMS

Emergency Medical Consent:

I _____, as the Parent/Guardian of _____, in the event that my child is injured, ill or in need of medical attention, I authorize the Taylor Kids Zone staff and/or leader or agents to seek medical attention and/or admit my child to hospital if I am unable to be contacted or am otherwise unable to respond.

I authorize in the event of an emergency situation, the participant to be transported by the designated leaders or drivers, or arrange for transport by ambulance to the nearest suitable medical or hospital facility when injury is not treatable at the scene. I also authorize the participant to be medically treated as determined appropriate by Kids Zone staff/Leaders. I agree that any cost incurred for such services shall be my responsibility.

Date

Parent/Guardian Signature

Photo/Media Consent:

I give permission that photographs and videos of my child(ren) taken during the program can be used for in-house purposes within the District of Taylor including the District of Taylor homepage, Facebook page and Future Kids Zone flyers. I understand that the names of my child (ren) will not be published without my written permission.

Date

Parent/Guardian Signature

Field Trip Consent:

I hereby give permission for my child, to participate in organized field trips under the leadership and supervision of the Kids Zone Leaders. I understand that the Fieldtrips will be within walking distance of Taylor Elementary School and the children will be walking to and from the school with Kids Zone Staff. I understand that notices (when, where, time of return, contact phone #) will be posted on the doors of the Taylor School Gymnasium anytime the Kids Zone initiates a Field Trip.

Date

Parent/Guardian Signature



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STATEMENT OF ACKNOWLEDGEMENT

I, _____, have read the District of Taylor Kids Kamp and Kids Zone Summer 2017 Program Handbook and have completed, in full, the registration form. I acknowledge that I completely understand and agree to abide by the outlined rules and procedures while my child is in attendance. I state that the information provided in the registration is accurate and to my best knowledge.

Your child will be involved in a number of activities as part of this program. These activities may include, but are not limited to, walking, running, swimming, field trips and other sports and games. While all programs are supervised by trained staff who instruct participants in safety, your child may still get injured, or your child's property may be damaged, as a result of participating in the program.

Knowing and understanding the program, activities and risks, you freely agree to allow the participation of your child in the program.

Date

Parent/Guardian Signature