



## **School Age Care Renewal Registration Form**

This application is for children currently enrolled  
in a Cridge Centre Childcare program

\$100 deposit is only required if it is not already on file  
(Check with the Accounting Office if you are unsure of your deposit status)

This program is available to children from Kindergarten  
through 12 years of age

The SAC Coordinator reserves the right to determine  
child and program compatibility

**Priority Registration for September begins March 1<sup>st</sup>**

(Submit your application to the Accounting Office)



### Child Care Centre

### SCHOOL AGE CARE RENEWAL REGISTRATION FORM

*The Cridge Centre for the Family collects personal information on this form for reasonable and obvious purposes such as verifying identity, enrolling in a service, to secure contact information, and to meet regulatory requirements. This information will never be used for purposes outside of the obvious without your permission.*

Please sign the following statement:

I / we, \_\_\_\_\_, the parent(s) and/or legal guardian(s) of our child, \_\_\_\_\_, declare that I / we have read and understand the Centre's Admission Policies and Procedures.

**This includes the policy which states, "After a space has been accepted by the parent / guardian and the child is subsequently withdrawn prior to starting in the Centre, a 15% administration fee will be withheld from the original deposit (the balance will be refunded)."**

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

----- For Office Use Only -----

Application received on \_\_\_\_\_ by \_\_\_\_\_

Start date \_\_\_\_\_ September (current year) \_\_\_\_\_

\$100 Deposit already on file (to be applied to the last month's fees)

Waitlist (deposit required when space is available and accepted)

**ABOUT YOUR CHILD:**

Name of child: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ **Care Card #** \_\_\_\_\_

Family Doctor or Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Care required for mornings: ( ) For afternoons: ( )

Level of swimming ability: \_\_\_\_\_

**Car seat and Booster seat Legislation in BC (Motor Vehicle Act, Division 36)**

<b>Rear and Forward Facing Car Seat Legislation for Younger Children</b>	<b>Booster Seat Legislation for Older Children</b>
Children must ride in a car seat until they are a minimum of 6 years old <b>and</b> a minimum of 40 pounds (18 kg).	<b>Effective July 1, 2008</b> Children must ride in a booster seat until they are a minimum of 4 feet, 9 inches (145 cm) tall, <b>or</b> a minimum of 9 years old.

To comply with this legislation we are required to collect the following information about your child:

Date of birth: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year Age \_\_\_\_\_

Child's height: \_\_\_\_\_ feet, \_\_\_\_\_ inches OR \_\_\_\_\_ cm

Child's weight: \_\_\_\_\_ pounds OR \_\_\_\_\_ kg



## Client Code of Conduct

I understand as a participant in the Cridge Centre for the Family that I am responsible for my behavior.

I will act in ways that bring respect to me, my family and friends and other participants within the program.

I will not use bad language, swear, insult or fight with other people. I will refrain from any form of personal abuse towards others, including verbal, physical and emotional abuse.

I will participate actively in the program.

I will let the organization know if my plans change and I am unable to keep an appointment or participate in an activity.

I will ask any staff or other participants if I may call him or her at home. If he/she agrees, I will be reasonable and responsible about the time of day and how often I call.

I will keep contact with the organization's staff by responding to phone calls, letters and other means of communicating promptly.

If a problem develops, I will immediately talk to my family or caregiver and/or a representative from the organization about it.

If a problem develops within my family or other circumstances occur that affects my participation in the program, I will contact the organization.

I agree to follow all established rules and guidelines of the organization

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Date

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Signature

June, 2012