

2020 Spare Time Fun Centre Summer Registration

e-mail: stfc@shawbiz.ca

Child's name: _____

Going into Grade _____

Parent name: _____ phone number: _____

Check attending No or Yes. If yes **circle** the fee for which weeks your child will be attending.

Week	Date	Attending No	Attending Yes	Full day	Program	Fee
1	June 29—July 3 closed July 1			\$ 180	\$ 144	
2	July 6—10			\$ 225	\$ 180	
3	July 13—17			\$ 225	\$ 180	
4	July 20—24			\$ 225	\$ 180	
5	July 27—31			\$ 225	\$ 180	
6	Aug 4—7 closed August 3			\$ 180	\$ 144	
7	Aug 10—14			\$ 225	\$ 180	
8	Aug 17—21			\$ 225	\$ 180	
9	Aug 24—28			\$ 225	\$ 180	
10	Aug 31— Sept 4			\$ 225	\$ 180	

Withdrawal Policy: there are **no changes or refunds** for cancellations for any weeks unless we are able to fill your spot, in which case you will receive a full refund. There will be no refunds or credit for days not attended.

Sub total
ACCB (subsidy)
Summer fee total

Late fee policy: There will be a late fee charged (\$15/30 min), to be paid by the end of the week, if a child/ren is picked up after 4 pm on Program weeks or after 6 pm on Full day weeks.

Payment	Date	Amount	Date	Amount
Cheque				
E-transfer				
Cash				

Parent / guardian signature

Date

Please check and sign these 4 contracts

Expectations

- I have read, signed and returned the Daily Health Check Resource sheet included with the summer registration. I will initial the Daily Health Check sign-off each day that my child attends the centre.
- I understand my child cannot attend if he / she is sick.
- I will call the centre by 10 am if my child will be late or absent
- I will tell the centre if my child is going to be picked up early
- I understand my child should not bring candy, gum, toys, money or electronic devices for play.
- I understand cell phones and other electronic devices will be kept in the centre office upon arrival and will be returned to my child when he / she is picked up or ready to leave on his / her own.

Parent/guardian signature_____ Date_____

Photo consent

I understand photographs may be taken of my child. I give consent for his / her photographs to be:
[] displayed at the centre [] used for promotional material [] posted on Spare Time's website

Parent/guardian signature_____ Date_____

Sunscreen

[] Spare Time staff may administer spray sunscreen (supplied by the centre) to my child as needed
[] I will send spray sunscreen with my child and I understand that Spare Time will encourage my child to reapply the sunscreen as necessary.

Parent/guardian signature_____ Date_____

Parent / guardian agreement

I understand I must read the Parent Manual. I may find it online at www.sparetimefuncentre.com under the Parent Information box or I may ask for a paper version of the office. I agree to comply with the policies of the Parent Manual. I have read the discipline guidelines and methods used by the centre and I will support the centre staff in decisions made during centre hours. The centre staff must be informed of any event or change or routine at home which might affect my child's behavior. I give my child permission to participate in all of the program summer activities.

Restrictions are _____

Parent/guardian signature_____ Date_____

Daily Health Check Resource

Date: _____ Name of child: _____

Name of parent/guardian: _____

Is your child ill with?

- Fever (> 37.5 °C) Cold
- Influenza Infectious respiratory symptoms of any kind (eg chest infection)

Then your child must stay at home for a period of **10 days** after the onset of symptoms.

- Once symptoms have resolved fully your child may return to the child care centre.
- Call 8-1-1 or your health provider for more information

Has your child, or anyone in your household, had close contact with someone who has had a possible exposure to the COVID-19 virus? Yes No

Has your child travelled to any countries outside of Canada, including the US (United States), within the last 14 days? Yes No

If you answered “yes” to one or both of the questions above, but your child does not currently have any symptoms:

The Ministry of Health and BCCDC state that your child should be quarantined (self-isolated) for **14 days**, and monitored for new symptoms.

If you answered “yes” to one or both of the questions above, and your child has developed symptoms:

The Ministry of Health and BCCDC state that you need to isolate your child, and avoid contact with others for at least **10 days** after the onset of symptoms.

- For any medical information please call 8-1-1 or your health provider.
- For any non-medical information about COVID-19 (including information related to travel) please call 1-888-COVID19 (1-888-268-4319). This service is available 7 days a week from 7:30am to 8:00pm

Parent/Guardian Signature: _____

Child Care Staff Signature: _____