



MAPLE RIDGE
PARKS, RECREATION
& CULTURE



ALBION

Active Kids Club

Registration Package

September to December 2019

Active Kids Club Registration Checklist

All registration packages must be 100% complete with all required documentation attached to be accepted for registration of participants. It is a requirement for licensed programs to have all necessary documents and forms completed prior to registration. This will also ensure staff are able to plan an appropriate and rewarding experience for your child at the Active Kids Club program.

Completed registration packages must include the following:

Page #

- Active Kids Club Program Participant Waiver Form.....7-10
- Tell us About Your Child Form.....11
- Immunization Record Declaration Form.....12
- Consent to Disclosure Form.....14
- Active Kids Club Guardian Agreement Form with signed initials.....15
- Credit Card Payment Plan Authorization.....17
- Completed AKC Registration Calendar.....19
- Emergency Consent Card.....20

- Immunization records attached to registration package
- Colour Photo of Participant attached to registration package

Additional forms needed for participants with individual care needs:

- Attached Individualized Education Plan (*if applicable*)
- Attached Custody Agreements or Court Orders (*if applicable*)
- Attached Anaphylaxis Form (*if applicable*)
- Attached Medical Alert Care Plan Form (*if applicable*)
- Attached Administration of Medication Consent Form (*if applicable*)

To find a copy of these forms, please visit the Parks, Recreation & Culture after-school web page at <http://mapleridge.ca/1469/After-School-Programs>

Active Kids Club Registration Information

NEW REGISTRATION PACKAGES FOR THE 2019/2020 SCHOOL YEAR WILL ONLY BE ACCEPTED IN PERSON

1. Registration for Fall 2019 - September to December
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TUESDAY - JUNE 4, 2019
Greg Moore Youth Centre
11925 Haney Place, Maple Ridge
7:00pm – 9:00pm

All schools must register on June 4, 2019 at the Greg Moore Youth Centre from 7:00 pm – 9:00 pm, after this date registrations must be submitted in person to the Maple Ridge Leisure Center registration desk starting June 5, 2019 at 8:00am.

Changes to registrations are permitted for fall 2019 until **August 16, 2019**. After this date, no changes will be accepted for refund for September to December 2019.

Only complete packages will be accepted with all required forms and documents attached. All packages will be processed according to the order they were received and will be stamp dated and initialed by staff at the time of drop off.

AKC Program Inquiries:

Lara McCreedy
Children's Programmer
Phone: 604-467-7453
Email: lmccreedy@mapleridge.ca

Registration Inquiries:

604-467-7422
Email: registration@mapleridge.ca
Monday to Friday 9:00AM – 2:00PM & 3:00PM – 8:00PM
Sunday 10AM – 2:00PM
*Statutory holidays subject to change hours

2. Registration for Winter 2020 - January to March

PRIORITY REGISTRATION – November 12 – 15, 2019
(for families registered in fall 2019 – only new calendars required)

Maple Ridge Leisure Centre
11925 Haney Place, Maple Ridge
6:00AM – 9:00PM

Or

Email registration@mapleridge.ca on November 12, 2019 starting at 6:00AM.
Only scanned PDF documents of the 2020 January to March AKC calendar will be accepted.

- Registrations emailed prior to 6AM on November 12, 2019 will not be accepted.
- Emails must include all calendars for your family in one email.
- Calendars must be sent as scanned PDF attachments in the email.
- Pictures of calendars or alterations of calendars will be accepted.
- Please ensure you receive an automated reply from Parks, Recreation & Culture after submitting your calendar via email. If you do not receive an automated reply, your calendar and email may not be received. Keep this automated reply as proof of submission.

Consistently registered days from September to December 2019 will remain the same for January to March if selected on the new winter 2020 AKC calendar. Additional days will be added on a first come first serve basis and will depend on availability in the program. It is advised that families adding days submit their new calendar requests on opening day November 12, 2019.

Please note: To update your payment information submitted forms in person to the Maple Ridge Leisure Centre. This form must be submitted prior to the expiry of your card to ensure payment is not missed. Do not email payment authorization forms. Payment information sent via email is not secure.

NEW TO AKC FOR WINTER 2020 – November 25, 2019
New registration packages for winter 2020 year will only be accepted in person

Registration for participants new to AKC for the 2019/2020 school year, starting in January 2020, must submit a full package with all required forms and documents attached starting November 25, 2019 to the Maple Ridge Leisure Centre front desk. All packages will be processed according to the order they were received and are stamp dated and initialed by staff at the time of drop off.

**Please ensure all dates selected are correct and personal family holidays, conflicting sport schedules and family events are excluded from days you do not want your child attending AKC. Once calendars are submitted, dates are secured for the season. Refunds will not be provided after dates have been registered.

3. Registration for Spring 2020 - April to June 2020

PRIORITY REGISTRATION – February 10 – 14, 2020
(For Families registered in winter 2020)

Maple Ridge Leisure Centre
11925 Haney Place, Maple Ridge
6:00AM – 9:00PM

Or

Email registration@mapleridge.ca on February 10, 2020 starting at 6:00AM.
Only scanned PDF documents of the 2020 April to June AKC calendar will be accepted.

- Registrations emailed prior to 6AM on February 10, 2020 will not be accepted.
- Emails must include all calendars for your family in one email.
- Calendars must be sent as scanned PDF attachments in the email.
- Pictures of calendars or alterations of calendars will be accepted.
- Please ensure you receive an automated reply from Parks, Recreation & Culture after submitting your calendar via email. If you do not receive an automated reply, your calendar and email may not be received. Keep this automated reply as proof of submission.

Consistently registered days from January to March 2020 will remain the same for April to June if selected on the new winter 2020 AKC calendar. Additional days will be added on a first come first serve basis and will depend on availability in the program. It is advised that families adding days submit their new calendar requests on opening day February 10, 2020.

Please note: To update your payment information submitted forms in person to the Maple Ridge Leisure Centre. This form must be submitted prior to the expiry of your card to ensure payment is not missed. Do not email payment authorization forms. Payment information sent via email is not secure.

NEW TO AKC FOR SPRING 2020 – FEBRUARY 24, 2020
New registration packages for spring 2020 will only be accepted in person

Registration for participants new to AKC for the 2019/2020 school year, starting in April 2020, must submit a full package with all required forms and documents attached starting February 24, 2020 to the Maple Ridge Leisure Centre front desk. All packages will be processed according to the order they were received and are stamp dated and initialed by staff at the time of drop off.

**Please ensure all dates selected are correct and personal family holidays, conflicting sport schedules and family events are excluded from days you do not want your child attending AKC. Once calendars are submitted, dates are secured for the season. Refunds will not be provided after dates have been registered.

ACTIVE KIDS CLUB PROGRAM PARTICIPANT WAIVER

Please PRINT all information, ensure forms are completed and additional documents are attached to process this registration application

Participant & Guardian Information	Child's Name: _____ <small>First Name</small> _____ <small>Last Name</small> _____
	Child name preference: _____ Age: _____ School grade 2019/2020: _____
	Child's 1 st Language: _____ Child's 2 nd Language: _____
	Birthdate (DD/MM/YYYY): _____ Care Card#: _____
	Home Address: _____
	Postal Code: _____ Home Phone : _____
	Parent/Guardian Name: _____ Relationship to child: _____
	Phone #'s: Home: _____ Cell: _____ Work: _____
	Parent/Guardian Name: _____ Relationship to child: _____
	Phone #'s: Home: _____ Cell: _____ Work: _____
Parent Email: _____	
Does your child have a life threatening allergy/illness? <input type="checkbox"/> Yes or <input type="checkbox"/> No (check one)	
What is the life threatening allergy to? _____	
<i>If YES, please complete an Anaphylaxis Emergency Plan form and/or a Medical Alert Care Plan form. To find these forms, please visit the Parks, Recreation & Culture after-school webpage at http://mapleridge.ca/1469/After-School-Programs</i>	
Do you have a custody agreement? <input type="checkbox"/> Yes or <input type="checkbox"/> No (check one)	
<i>If YES, please provide a copy of the agreement and written instructions on a separate piece of paper that the Active Kids Club staff can follow in regards to the agreement.</i>	

Emergency Contact	#1 Emergency Contact Name: _____ Relationship to Participant: _____
	Home#: _____ Cell#: _____ Alt phone#: _____
	#2 Emergency Contact Name: _____ Relationship to Participant: _____
	Home#: _____ Cell#: _____ Alt. Phone # _____

Office Use Only	Customer Service Staff: Date stamp - package accepted: File Payment Authorization form.	Children's Programmer Package Approval _____	Customer Service Staff: Date and time of registration: _____ AM/PM _____ Staff	Children's Program Staff: Start Date: _____ End Date: _____



Pick Up Authorization & Out of Province Contact	<p>I hereby authorize the following people to pick up my child, at the Active Kids Club program in the event I am unable to. I have notified the Active Kids Club manager or staff prior to pick up.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding-bottom: 5px;">Name (first & last):</td> <td style="width: 33%; padding-bottom: 5px;">Phone Number:</td> <td style="width: 33%; padding-bottom: 5px;">Relationship to Child:</td> </tr> <tr> <td style="padding-bottom: 5px;">1. _____</td> <td style="padding-bottom: 5px;">_____</td> <td style="padding-bottom: 5px;">_____</td> </tr> <tr> <td style="padding-bottom: 5px;">2. _____</td> <td style="padding-bottom: 5px;">_____</td> <td style="padding-bottom: 5px;">_____</td> </tr> <tr> <td style="padding-bottom: 5px;">3. _____</td> <td style="padding-bottom: 5px;">_____</td> <td style="padding-bottom: 5px;">_____</td> </tr> <tr> <td style="padding-bottom: 5px;">4. _____</td> <td style="padding-bottom: 5px;">_____</td> <td style="padding-bottom: 5px;">_____</td> </tr> </table> <p><i>Please ensure Active Kids Club staff are up to date with authorized pick up persons for your child. If someone new is picking up your child please call registration at 604-467-7422 or email registration@mapleridge.ca to notify staff prior to school dismissal. New pick up persons must provide picture I.D. to verify identification and safe release of a child from the Active Kids Club program.</i></p> <p>Out of Province Contact: _____ Phone number: _____</p> <p><input type="checkbox"/> I do not have an Out of Province contact name / number & understand that I may not be contacted in the event of a disaster if provincial phone lines are inaccessible.</p>	Name (first & last):	Phone Number:	Relationship to Child:	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____
Name (first & last):	Phone Number:	Relationship to Child:														
1. _____	_____	_____														
2. _____	_____	_____														
3. _____	_____	_____														
4. _____	_____	_____														

Photos	<p>I, the undersigned, parent/guardian do hereby agree to all the individual(s) names herein to be photographed and pictures to be used solely for the purposes of promoting City of Maple Ridge programs.</p> <p style="text-align: right;"><input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)</p>
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Individual Support	<p>Does your child have an IEP (Individual Education Plan) in School?</p> <p style="text-align: right;"><input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)</p> <p><i>*If YES, please attach a copy of the IEP to your child's registration package. This document will help staff better understand your child's learning style and how to best communicate with them during the program.</i></p>
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Out Trips	<p>The Active Kids Club program may include special scheduled activities or programs that take place off site from the AKC school location. These locations may include local parks, neighbourhood walks, trips to off-site local businesses and Parks, Recreation & Culture facilities. Do you give permission for your child to participate in Active Kids Club out trips.</p> <p style="text-align: right;"><input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)</p> <p>I, _____, the parent/guardian of, _____,</p> <p style="text-align: center; margin-left: 10%; margin-right: 10%;"><small>(parent/guardian full name) (child's full name)</small></p> <p>give permission for my child to go on supervised off site out trips with the staff of the Active Kids Club Program as part of the scheduled program activities.</p>
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Please ensure all information is completely filled out as this information is used for staff to provide medical treatment and information for your child in the event of an illness or injury.

Doctor's name: _____ Dr. Phone #: _____

DOES YOUR CHILD:

Have any medical conditions (i.e. Asthma)? YES or NO (check one)

if **yes**, please complete a *Medical Care Plan Form* and identify the medical condition below.

Take any medication (include type, dosage, times of self-medication)? YES or NO (check one)

if **yes**, and the child may take this medication at AKC please complete an *Administration of Medication Consent Form* and attach it to your child's waiver. If the child will not take this medication at AKC please identify the name of the medication, dosage and number of times taken below:

Name of medication	Dosage	Times Administered
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Have any allergies (food, medication, sunscreen, environmental)? YES or NO (check one)

if **yes** and the allergy is life threatening please complete an *Anaphylaxis Emergency Plan Form* and attached to your child's waiver. If this is not a life threatening allergy please explain below:

Have any limitations that would mean the child could not participate in activities?

Have any fears that leaders should be aware of (e.g. water, bees)?

Medical Release:

It is our policy to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre by ambulance when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

Parent/guardian name (print) _____

Signature of parent/guardian _____ Date: _____

Medical Information

Important Information	Does your child know how to swim? <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)
	Do you give permission for staff to administer sunscreen to your child? <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)
	Do you give permission for staff to administer bug spray to your child? <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)
	Please list any family information or special instructions the Active Kids Club staff should be aware of while your child is in care: _____ _____ _____ _____
	Please list any other comments or concerns that you have: _____ _____ _____

I consent to my child's participation in the Active Kids Club Program. I am aware that there are risks associated with the participation in the program, including the risk of injury, and I consent to my child's participation in spite of such risks. I acknowledge that it is my responsibility to advise the City of Maple Ridge of any medical or other conditions which may affect my child's participation in the Active Kids Club Program and have listed them above. I have read this form and understand and accept its terms.

Parent/Guardian Signature

Printed Name

Date

Tell us about your child...

We hope that all the children benefit from being in Active Kids Club. By providing us with some information about your child we can create an environment where your child can have fun, learn and feel successful in the program.

Child's Name: _____

Age: _____

The most important thing to know about my child is:

What are your child's strengths?

What challenges does your child face?

What does a challenging day look like for your child?

How can we help your child to build on their strengths and overcome any challenges that they may face?

What are their favourite games/food/things to do?

What are their least favourite games/food/things to do?

What do you hope that your child will learn or accomplish as a participant in the afterschool program?

Thank you for taking the time to share this information with our staff.

Immunization Record Declaration

It is a requirement that parents/guardians provide the Active Kids Club with information about their child's immunizations, including if a child is not immunized, as required by **Section 17(a)(1) of the Child Care Licensing Regulation**.

To obtain your child's immunization record, please contact your local Fraser Health authority and request a printed copy of the child's record, or download a copy of the following form to submit to Fraser Health:

Maple Ridge Fraser Health
8:30AM – 4:30PM
22470 (4th Floor) Dewdney Trunk Road, Maple Ridge, BC
(604) 476-7165

http://www.fraserhealth.ca/media/HealthRecords_ROIAuthorizationForm.pdf

To be completed by Parent/Guardian:

Child's Name

Date of Birth

Complete Immunization:

Written proof of vaccinations attached

Incomplete Immunization:

Written proof of vaccinations unavailable

Received immunization in:

Year of last Vaccine

City

Province

(If not in Canada, include country)

My child has had some vaccinations

My child has no vaccinations

I do not know

Please note in the event of a possible outbreak, children with incomplete or unknown immunizations will require immediate pick up from program.

Parent's/Guardian's Printed Name	Date
Parent's/Guardian's Signature	

Record of Immunizations

*Attach record of immunizations here
(or attach copy to back of package)*

Consent to Disclosure of Information

I, _____
Parent / Legal Guardian Name

consent to the disclosure of information regarding my child. This information will be shared with the Active Kids Club staff where my child attends.

Child's Name: _____

Date of Birth: _____ Phone Number: _____

I consent to the disclosure of:

All Information, this includes any service providers such as School District 42, Ridge Meadows Association for Community Living, behaviour specialists working in collaboration with AKC, etc.

All Information with the exception of the following noted below:

The following specific information only:

Signature of Person Giving Consent _____

Signature of Witness _____ Date _____

Active Kids Club Guardian Registration Agreement

Please refer to the Active Kids Club Parent Handbook regarding the AKC procedures noted below

AKC Procedures	Page #	AKC Clause Information	Guardian Initial
New Participants	5	Must wait 7 days after submitting a registration package prior to attending AKC. Dates are awarded on a first come, first serve basis.	
Payments	9	Pre-Authorized Visa/MC payments required for registration or full payment for the calendar season with cash or debit per season.	
Subsidies	9	Must be approved prior to month of attendance or family must pay fees in full and reimbursed will be issued based on subsidy amounts.	
Registration Transfer of Days	10/11	All transfer of previously scheduled AKC days within a calendar month must be made by the 1 st of the month <u>prior</u> to the month adjusting. Changes are subject to availability. Space not guaranteed.	
Refunds	10	No refunds after registration calendars are confirmed.	
Drop In's	11	Drop in and Additional days must be given 24hrs prior to the day attending and is subject to space available. Space is not guaranteed.	
Immunizations	12	Each Active Kids Club participant must provide proof of immunization or provide a signed document for not immunizations.	
Health/ Illness	12	Ill children must not attend Active Kids Club. If a child becomes ill during care a parent will be notified for pick up.	
Medications	13	If participants will be carrying or taking medications at AKC they must ensure an administration of med's form & a medical care plan is complete.	
Non-instruction Days	13	Active Kids Club will not operate on Non-Instructional days, holidays or school breaks.	
Late Pick Up	13	Participants must be picked up before 6:00pm. Pick up's after this time are subject to \$1/minute charges.	
Program Cancellation	13	If the Active Kids Club program is cancelled by Parks, Recreation & Culture, a full refund will be given to families.	
Release of a Child	16	Active Kids Club Staff will only release a child to authorized persons on the Active Kids Club waiver.	
Custody Agreements	16	Families with a custody agreement or court order must provide a copy with their registration package	
Emergencies	17	In the event of an emergency and an evacuation is necessary parents will be notified immediately for early pick up.	
Reporting Abuse	18	Allegations of abuse will be reported to MCFD & childcare licensing.	
Duty to Report	19	Any suspected or disclosure of abuse or neglect will be reported to the Ministry of Children and Family Development.	
Consent to Disclose	21	Active Kids Club staff may communicate with school supports and teachers to gain additional tools to help support participants.	
Behaviour Plans	21	Children needing additional support in the program may be placed on a behaviour plan to help set expectations.	
Violence & Aggression	22	Violent, aggressive or unsafe behaviour will result in immediate pick up from the Active Kids Club program by a guardian. The Active Kids Club program reserves the right withdraw registrations for participants exhibiting these unsafe behaviours.	

By initialing and signing this document you, the parent/guardian of the Active Kids Club Program, are agreeing to adhere by the procedures and policies of the Active Kids Club. Further information regarding these policies is outlined in the Active Kids Club Parent Package. Please ensure you understand each of these procedures prior to signing. Failure to follow these expectations and agreements may result in the removal of from this program.

Parent Name

Parent Signature

Date

The personal information on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, please contact the Manager of Legislative Services, at 604-463-5221 or foi@mapleridge.ca

Child's Full Name: _____

AKC PAYMENT PLAN AUTHORIZATION

The Pre-Authorized Payment Plan is an optional payment plan, which provides an opportunity to make monthly payments for Maple Ridge Parks, Recreation & Culture for the Active Kids Club. Registration without a credit card must be paid in cash at the time of registration for all days within the submitted calendar.

The Pre-Authorized Payment Plan Agreement must be completed and submitted with a valid Visa or MasterCard credit card number, which does not expire during the pass term. If a new credit card is issued after initial registration a new AKC Payment Plan Authorization form must be submitted to the Maple Ridge Leisure Centre front desk at 11925 Haney Place prior to payment withdrawals on the 1st of the month. Visa/debit is not accepted.

Monthly Payment Amount

Monthly payment amounts will be calculated at the time of purchase and are due on the 1st of each month. When additional days are added, payments will be processed on that day.

Dishonoured Payments

All dishonoured payments will be subject to a \$25 NSF service charge that will be added to your account with Maple Ridge Parks, Recreation & Culture. This payment is due immediately following notification from Parks, Recreation & Culture staff. If payment is not received within 10 days, all services will be cancelled until payment has been received and will be subject to collections.

Credit Card Information

Name on Card: _____
(please print)

Visa MasterCard

Card Number: _____

Expiry Date: _____ CVV Code: _____

Terms and Conditions

I hereby authorize Maple Ridge Parks, Recreation & Culture to charge my credit card on the 1st day of each month for scheduled payments and any additional days requested.

Authorized Signature: _____

Dated: _____

Active Kids Club Program Registration Calendar

Please circle **ALL** the days you would like your child to be registered in the program.
There is **NO** Active Kids Club on the blacked out days due to holidays, Pro-D's and full day dismissals.

Child's Name: _____

Parent/Guardian Phone: _____

- My child will receive subsidy at Active Kids Club
- My child is attending kindergarten in 2019/2020

Please note:

- Non-Instructional Days may change in compliance with School District No. 42 school calendar
- AKC will not operate on the first ½ day of school - Tuesday September 3, 2019
- AKC does not provide half day care for kindergartens during gradual entry in September.
- Half day care for parent teacher conferences ½ days have not been determined for the 2019/2020 calendar. Once the schools have confirmed dates, calendars will be updated. Half days are \$28.00. There will be no AKC on Full day dismissals from class for parent teacher interviews.

September 2019				
M	T	W	Th	F
	No AKC ½ Day	4	5	6
9	10	11	12	13
16	17	18	19	20
No AKC Pro-D	24	25	26	27
30				

Total Number of Days: _____ x \$20

October 2019				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
No AKC	15	16	17	18
21	22	23	24	No AKC Pro-D
28	29	30	31	

Total Number of Days: _____ x \$20

November 2019				
M	T	W	Th	F
				1
4	5	6	7	No AKC Pro-D
No AKC	12	13	14	15
18	19	20	21	22
25	26	27	28	29

Total Number of Days: _____ x \$20

If you have any registration questions, please call:
Registration Phone Number 604-467-7422
Email: registration@mapleridge.ca

Parent Signature _____

Date: _____

****PLEASE MAKE A COPY OF THIS CALENDAR FOR YOUR REFERENCE AT HOME****

December 2019				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
Winter Break, see you in January				

Total Number of Days: _____ x \$20

Monday to Friday: 9am – 2pm & 3pm – 8pm
Sunday: 10am – 2pm
*Statutory holidays subject to change hours.



EMERGENCY CONSENT CARD

	_____		Name of Facility
Child's Name:	_____	Birthday:	_____
Address:	_____	Child lives with:	_____

Parent's Name:	_____	Home Phone:	_____
Work Phone:	_____	Home Phone:	_____
Parent's Name:	_____	Phone:	_____
Work Phone:	_____	Phone:	_____
Emergency Contact:	_____	Phone:	_____
Child's Doctor:	_____	Phone:	_____
1. Allergies	_____		
2. Medications	_____		
Card Care #:	_____	Date Effective:	_____

CONSENT CARD

It is the policy of the Active Kids Club program to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

Picture
of Child

Signature of Parent/Guardian

Witness

Date

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purposes indicated.

***Please attach a recent colour photo of your child is attached to your registration package.**