



STEP #2

Active Kids Club Registration Package

Active Kids Club Registration Package 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 the necessary documents and forms completed prior to registration. This will also ensure staff are able to plan a safe, fun, active and inclusive experience for your child at the Active Kids Club program.

Completed registration packages must include the following:

	Page #
<input type="checkbox"/> Active Kids Club Program Participant Waiver Form.....	3-6
<input type="checkbox"/> Tell us About Your Child Form.....	7
<input type="checkbox"/> Immunization Record Declaration Form.....	8
<input type="checkbox"/> Consent to Disclosure Form.....	10
<input type="checkbox"/> Active Kids Club Guardian Agreement Form with signed initials.....	11
<input type="checkbox"/> COVID Waiver.....	12-14
<input type="checkbox"/> Credit Card Payment Plan Authorization.....	15
<input type="checkbox"/> Emergency Consent Card.....	17-18
<input type="checkbox"/> Immunization records attached to registration package	
<input type="checkbox"/> <u>Colour</u> Photo of participant attached to registration package	

Additional forms needed for participants with individual care needs (if applicable):

- Attached Individualized Education Plan or Individual Support Plan
- Attached Custody Agreements or Court Orders
- Attached Anaphylaxis Form
- Attached Medical Alert Care Plan Form
- Attached Administration of Medication Consent Form

To find a copy of these forms, please visit the Parks, Recreation & Culture after-school web page at www.mapleridge.ca/1469

To receive a copy of a Child Benefit Care Plan application for the AKC program please email akc@mapleridge.ca, a partially completed site specific application will be provided to you.

MY CHILD WILL ATTEND –mark the AKC location your child will attend this year
 ALBION HAMMOND LAITY VIEW YENNADON

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 style="display: inline-block; width: 150px; text-align: center;">First Name</small> <small style="display: inline-block; width: 150px; text-align: center;">Last Name</small>
	Child name preference: _____ Age: _____ School grade 2021/2022: _____
	Child's 1 st Language: _____ Child's 2 nd Language: _____
	Birthdate (DD/MM/YYYY): _____ Care Card#: _____ Sex: M / F/ other
	Home Address: _____
	Postal Code: _____ Home Phone: _____
	Daily pick-up time from the Active Kids Club (pick a time between 2:20 – 6:00pm): ____: ____pm
	Parent/Guardian Name: _____ Relationship to child: _____
	Phone #'s: Home: _____ Cell: _____ Work: _____
	Parent/Guardian Name: _____ Relationship to child: _____
Phone #'s: Home: _____ Cell: _____ Work: _____	
Parent Email (to receive program updates & announcements): _____	
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</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 <u>and</u> typed 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: <i>File Payment Authorization form.</i>	Children's Programmer Package Approval _____	Customer Service Staff: Date and time registration completed: _____ AM/PM _____ Staff	AKC Program Staff: Child's AKC Start Date: _____ Childs AKC End Date: _____

Pick Up Authorization & Out of Province Contact	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.		
	Name (first & last)	Phone Number	Relationship to Child
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
<p><i>Please ensure Active Kids Club staff are up to date with authorized pick up persons for your child. 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>Are there any person(s) who are not permitted access to your children? Name (first & last): _____ Relationship to Family: _____ Name (first & last): _____ Relationship to Family: _____</p> <p>Out of Province Contact: _____ Phone number: _____</p> <p><input type="checkbox"/> I do not have an Out of Province contact. I understand that I may not be contacted in the event of a disaster if provincial phone lines are inaccessible.</p>			

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 or a ISP (Individual Support Plan) through Supported Child Development?</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 form 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 _____, <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 #: _____

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

DOES YOUR CHILD:

Have any medical conditions (i.e. asthma, epilepsy, etc.)? YES or NO (check one) if **yes**, identify medical condition below and complete a Medical Care Plan Form and attach to your child's waiver.

Medical Condition, _____

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 complete an Administration of Medication Consent form and attach it to your child's waiver.

Medication name, _____

Have any allergies (food, medication, sunscreen, environmental)? YES or NO (check one) if **yes** please list the allergens below and complete a Medical Care Plan Form and attach to this waiver. If this allergy is life threatening complete an Anaphylaxis Emergency Plan Form and attached to your child's waiver.

Allergic to, _____

Have any limitations that would require extra help/support participating in program 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 AKC staff to administer sunscreen to your child during hot sunny weather? <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)
	If no, please ensure you provide personal sunscreen for your child at the AKC program.
	Do you give permission for AKC staff to administer bug spray during the AKC program? <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)
	If no, please ensure you provide personal bug spray for your child at the AKC program.
	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 health authority and request a printed copy of the child's record.

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

To be completed by Parent/Guardian:

Child's Full Name

Date of Birth (D/M/Y)

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 Active Kids Club supervisors and program 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:

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date Signed _____

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	8	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	10	Must be approved prior to month of attendance or payment in full required. Reimbursement will be issued based on subsidy approval.	
Refunds	10	No refunds after registration cut off dates for changes. During COVID-19, refund provided if notification of illness given before 8AM day of care to registration@mapleridge.ca.	
Adding Days	12	Drop in and additional days must be requested 24hrs prior to the day attending & is subject to space availability.	
Non-instruction Days	12	Active Kids Club will not operate on non-instructional days, holidays or school breaks. Please see our City of MR Day Camp options.	
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 refund will be provided to families.	
COVID-19 Screening	18	Parent/Guardians will screen children daily for symptoms of illness prior to attending Active Kids Club.	
Health/ Illness	18	Ill children must not attend Active Kids Club. If a child becomes ill during care a guardian will be notified for pick up immediately.	
Immunizations	20	Each Active Kids Club participant must complete an immunization form and attach completed immunization records.	
Medications	20	If participants bring or take medications at AKC an administration of medication form & a medical care plan must be completed.	
Release of a Child	21	Active Kids Club staff will only release a child to an authorized p/u person.	
Custody Agreements	22	Families with a custody agreement or court order must provide a copy or letter with access information prior to attending AKC.	
Emergencies	22	In the event of an emergency and an evacuation is necessary guardians will be notified immediately for early pick up.	
Reporting Abuse	24	Allegations of abuse will be reported to MCFD & childcare licensing.	
Duty to Report	25	Any suspected or disclosure of abuse or neglect will be reported to the Ministry of Children and Family Development.	
Consent to Disclose	27	Active Kids Club staff may communicate with school supports and teachers to gain additional help supporting participants.	
Care Plans	27	Children needing additional support program will have an individual care plan created to help set expectations and provide assistance.	
Violence & Aggression	27	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 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 Handbook. 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

COVID-19 Assumption of Risk, Release of Liability, Waiver of Claims, Assumption of Risks, Indemnity & Permission Form

**WARNING: BY SIGNING THIS DOCUMENT
YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING YOUR RIGHT TO SUE
PLEASE READ CAREFULLY!**

INITIAL

The Province of British Columbia has listed out the four-step BC Re-Start Plan which includes the Province’s focus on protecting people and safely getting back to a more normal life. The City of Maple Ridge has been closely following the public health orders since early 2020 and developing safety plans in accordance to provincial regulations and sector association guidelines.

COVID-19 remains a worldwide pandemic and a threat to our local health and safety.

We cannot be certain that a person (of any age) will not contract COVID-19, or any variant thereof, at one of our facilities and/or while participating in one of our programs, but we have taken the steps required to develop our COVID-19 Safety Plan, which is available for your review at [Active Kids Club - After School Program | Maple Ridge, BC](#). We have also developed COVID-19 policies and procedures, which are available for your review [Active Kids Club - After School Program | Maple Ridge, BC](#). We have implemented our COVID-19 Safety Plan and will be applying our policies and procedures, but **the risk remains that a COVID-19 outbreak could occur despite our best efforts.**

It is vital that no person who feels sick in any way visit any of our facilities and/or utilize any of our services. It is also vital that no person bring a child to any of our facilities if the child is feeling unwell or showing any symptoms of illness.

For our camps and other programs for children, we will be enforcing physical distancing and/or careful social contact amongst the children to the best of our ability. We will be reducing the number of children in each program compared to our standard practices. We will emphasize hygiene and provide for handwashing as children begin and end their days in our programs. However, it is vital that children be permitted to play and engage with their peers. Most or all activities will take place outdoors. If your preference is solely for outdoor activity, please select a program for your child that provides the same.

It is vital that any person who believes that they may have become ill or their child may have become ill within 14 days of visiting one of our facilities and/or while taking part in one of our programs report this immediately to us by contacting akc@mapleridge.ca and seek appropriate medical attention by first calling 8-1-1. We will share personal information for the purposes of contact tracing if the need arises. To attend our facilities and/or take part in our programs and/or send a child to same, you must consent to the same.

Please do not allow your child to participate in any of our activities or programs if your child has:

- experienced cold or flu-like symptoms within the last 14 days;
- been in close contact with anyone else who has had these symptoms in the last 14 days; or
- been in close contact with anyone else who has travelled outside of Canada in the last 14 days.

Please note: If your child is displaying symptoms of respiratory distress or illness, they will be asked not to participate.

Further, note that your child’s participation in City programming, including camps, is conditional upon your agreement to the terms contained in this Form.

Lastly, it is vital that we all be calm and compassionate throughout this pandemic. Any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return.

If you would like more information regarding the risks associated with COVID-19 for children, please review the following BC CDC publications:

[COVID-19 Public Health Guidance for K-12 School Settings](#)

[COVID-19 Public Health Guidance for Child Care Settings](#)

I/we have read, understand and agree to this Form.	INITIAL HERE
I/we accept that use of the City’s facilities or participating in City programs could result in our child developing COVID-19, or a variant thereof, and that our child may further infect others including my/ourselves, and am/are willingly accepting those risks.	INITIAL HERE
I/we have reviewed this Form with my/our child and have instructed our child to listen to and follow the instructions provided.	INITIAL HERE
I/we give on behalf of myself/ourselves a FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS to the City from any and all liability for any personal injury, death, loss, damage or expense of any kind that I/we may suffer as a result of my/our child’s participation in the City’s activities and programs resulting in my/our child contracting SARS-CoV-2 or developing COVID-19, or a variant thereof., including but not limited to NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, BREACH OF ANY STATUTORY DUTY, or DUTY OF CARE ON THE PART OF THE CITY AND ALSO INCLUDING THE FAILURE ON THE PART OF THE CITY TO SAFEGUARD OR PROTECT MY/OUR CHILD FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.	INITIAL HERE
I AGREE NOT TO SUE and I further agree to INDEMNIFY AND SAVE HARMLESS the CITY from all expenses, fees liability and damage award or cost of any type whatsoever resulting from my/our child’s participation in the City’s programs or use of the City’s facilities after having contracted COVID-19, or a variant thereof.	INITIAL HERE

Signed this _____ day of _____, 2021.

Name of Child

Name of Parent or Guardian (please print)

Witness Name

Signature of Parent or Guardian

Witness Signature

Name of Parent or Guardian (please print)

Witness Name

Signature of Parent or Guardian

Witness Signature

***Both parents/guardians (if applicable) must sign and initial this document. Thank you.**

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 season.

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 registered season. If a new credit card is issued after the 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 based on the submitted calendar requests and are processed on the 1st of each month; additional requests for care made after calendar submissions will be processed at the time of the request.

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. 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: _____

Date: _____



MAPLE RIDGE
British Columbia

Active Kids Club

EMERGENCY CONSENT CARD

		Name of AKC
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 to the registration package