



## Kids Club Registration Form -July & August 2021

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Summer Kids Club will be located at River Valley School: 3127 Bowwood Drive NW, Calgary. Kids Club is for children aged 3 to 12 years old. All children must be toilet trained. As a licensed Day Care and Out of School Care program, our summer programming is for students who have attended River Valley School in the 2020-2021 school year, or will be joining us for the 2021-2022 school year. Our license also enables us to welcome children who do not attend River Valley School if they are in grade one and up.

Weekly fun will include crafts, STEM activities, a variety of athletics in our gym and outside on our field, and creative free play. All of our summer camp staff hold either Alberta Child Care certification, or Bachelor of Education degrees. \*Fieldtrips- to be determined based on AHS guidelines. Children should bring their own snacks and lunch, sunscreen, bug spray, swimsuit and towel on hot days (for sprinkler fun!)

**Registration is now open, and will remain open until spaces are filled.** Payment will be processed on **June 17<sup>th</sup>**, with a no cancellation policy. Please return this form to our reception desk in an envelope addressed to **Kids Club** or email [bigkidsclub@rivervalleyschool.ca](mailto:bigkidsclub@rivervalleyschool.ca) or [Littlekidsclub@rivervalleyschool.ca](mailto:Littlekidsclub@rivervalleyschool.ca)

**Hours of Care: 7:00 AM – 6:00 PM**

Please check off the weeks you would like to register for:

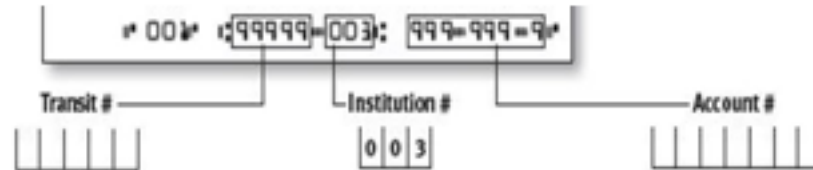
WEEK	DATES	FEES: Children enrolled at River Valley School for 2020-2021 or 2021-2022 school year.	FEES: Children NOT enrolled at River Valley School <b>*This option is for children in grade one and up only.</b>
Week 1	June 28, 29, 30 July 2 *Closed July 1	_____ \$225	_____ \$260
Week 2	July 5-9	_____ \$275	_____ \$325
Week 3	July 12-16	_____ \$275	_____ \$325
Week 4	July 19-23	_____ \$275	_____ \$325
Week 5	July 26-30	_____ \$275	_____ \$325
Week 6	Aug 3-6 *Closed Aug 2	_____ \$225	_____ \$260
Week 7	Aug 9-13	_____ \$275	_____ \$325
Week 8	Aug 16-20	_____ \$275	_____ \$325
		<b>Total fees:</b>	<b>Total fees:</b>

PAYMENT METHODS: Please select ONE payment method below:

*\*\*NSF Fee \$50*

POST-DATED CHEQUES / BANK DRAFT (ALL cheques must be received with this package)

AUTOMATIC WITHDRAWAL (Pre-Authorized Payment): For Automatic Withdrawal, please attach a void cheque or complete the following banking information:



Transit # \_\_\_\_\_ (5 Digits) Institution # \_\_\_\_\_ Account # \_\_\_\_\_

CREDIT CARD

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_/\_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

I authorize River Valley School to withdraw payments from the indicated bank account / credit card above, and I acknowledge that there is a no cancellation policy.

PRINT NAME): X \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_



\*Payment will be processed on **June 17th**, with a NO cancellation policy as we will need to hire staff to work during this time. Thank you.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**1. PARENT / GUARDIAN CONTACT INFORMATION**

Parent/Guardian 1 Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**2. EMERGENCY CONTACT INFORMATION- to be used only if parents cannot be reached.**

Contact 1 Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**People authorized to pick up child:**

\_\_\_\_\_

**3. HEALTH CONCERNS**

Are immunizations up to date: YES NO  
Allergies: \_\_\_\_\_  
Reactions: \_\_\_\_\_  
Medications: \_\_\_\_\_

**4. Does your child have any special needs we need to be aware of?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. I have read and fully completed the registration form. I will maintain current information with the program, and any changes in information will be reported promptly. I acknowledge that there is a no cancellation policy.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date