



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 fol	lowing:

		Page #
	Active Kids Club Program Participant Waiver Form	3-6
	Tell us About Your Child Form	7
	Immunization Record Declaration Form	8
	Consent to Disclosure Form	10
	Active Kids Club Guardian Agreement Form with signed initials	11
	COVID Waiver	
	Credit Card Payment Plan Authorization	15
	Emergency Consent Card	
<u> </u>	Immunization records attached to registration package <u>Colour</u> Photo of participant attached to registration package	
Additi	ional 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	
То	find a copy of these forms, please visit the Parks, Recreation & Culture after-s	school web
ра	age at <u>www.mapleridge.ca/1469</u>	

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

		·		,	is registration application
	Child's Name:	Name		Last Name	
	Child name preference:		Age:	_ School grade 20	21/2022:
	Child's 1 st Language:		_ Child's 2 ^r	d Language:	
	Birthdate (DD/MM/YYYY):		Care Card	# :	Sex: M / F/ othe
tion	Home Address:				
orma	Postal Code:	Ho	me Phone:		
Participant & Guardian Information	Daily pick-up time from th	e Active Kids Club (p	ick a time b	etween 2:20 - 6:0	Opm)::pm
ardia	Parent/Guardian Name: _			Relationship	to child:
. Gu	Phone #'s: Home:	Cell:		Work: _	
nt &	Parent/Guardian Name: _			Relationship	to child:
cipa	Phone #'s: Home:	Cell:		Work: _	
Parti	Parent Email (to receive p	rogram updates & a	nnounceme	nts):	
	Does your child have a life What is the life-threatenin If YES, please complete an Anal please visit the Parks, Recreation Do you have a custody ag If YES, please provide a copy of	g allergy to? ohylaxis Emergency Plan on & Culture after-school reement?	form and/or a webpage at ht	n Medical Alert Care Plattp://mapleridge.ca/1469	r □ No (check one)
	Club staff can follow in regards				paper that the notive ride
_	#1 Emergency Contact Na	ıme:		Relationship to I	Participant:
rgency ntact	Home#:	Cell#:		Alt phone#:	
Emerg Cont	#2 Emergency Contact Na	ıme:		Relationship to	Participant:
<u>ы</u> _	Home#:	Cell#:		Alt. Phone #	
e e	Customer Service Staff: Date stamp - package accepted:	Children's Programmer Package Approval	Customer Ser Date and time	vice Staff: e registration completed:	AKC Program Staff: Child's AKC Start Date:
Office Use Only	File Payment Authorization form.			AM/PM	Childs AKC End Date:
¥ 0				Staff	



t	I hereby authorize the following peoperent I am unable to. I have notified		
ontac	Name (first & last) 1	Phone Number	Relationship to Child
vince C	2		
t of Pro	3.		
n & Ou	Please ensure Active Kids Club staff are up to dat picture I.D. to verify identification and safe release		
Pick Up Authorization & Out of Province Contact	Are there any person(s) who are not Name (first & last):Name (first & last):	Relationship	to Family:
k Up Au'	Out of Province Contact:	Phone number:	
Picl	☐ I do not have an Out of Province a disaster if provincial phone line		ay not be contacted in the event of
Photos	I, the undersigned, parent/guardian photographed and pictures to be use programs.		
Ā		□ YES or	□ NO (check one)
lual ort	Does your child have an IEP (Individual through Supported Child Developme		r a ISP (Individual Support Plan)
Individual Support		□ YES or	□ NO (check one)
u 8	*If YES , please attach a copy of the forr better understand your child's learning		
	The Active Kids Club program may in		

	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
	, ,
Ø	your child to participate in Active Kids Club out trips?
<u>.ä</u>	□ YES or □ NO (check one)
Out Trips	
0	I,, the parent/guardian of,,
	(parent/guardian full name) (child's full name)
	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.

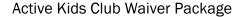
4



	Doctor's name:	Dr. Phone #:		
	Dentist's name:	Dr. Phone #:		
	DOES YOUR CHILD:			
	if <u>yes,</u> identify medical condition below to your child's waiver.	a, epilepsy, etc.)? □ YES or □ NO (check one) w and complete a <u>Medical Care Plan Form</u> and attach		
	if <u>yes,</u> and the child may take this me <u>Medication Consent form</u> and attach	ge, times of self-medication)? Graph YES or Graph NO (check one) addication at AKC complete an Administration of it to your child's waiver.		
Medical Information	if <u>yes</u> please list the allergens below a	nscreen, environmental)? □ YES or □ NO (check one) and complete a <u>Medical Care Plan Form</u> and attach to ening complete an <u>Anaphylaxis Emergency Plan Form</u>		
Med	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 continuous conti			
	contact you and we need to get immedia			
	I give consent for my child to be to ambulance when I cannot be consent for my child to receive the consent for my child to be the consent for my child to receive the consent for my child to rec	taken to the nearest emergency medical centre by ntacted.		



	Does your child know how to swim?	□ YES or □ NO (check one)
	Do you give permission for AKC staff to adminis	ter sunscreen to your child during hot sunny weather?
	If no, please ensure you provide persona	al sunscreen for your child at the AKC program.
tion	Do you give permission for AKC staff to administ	ter bug spray during the AKC program?
nforma	If no, please ensure you provide persona	al bug spray for your child at the AKC program.
Important Information	Please list any family information or special inst while your child is in care:	ructions the Active Kids Club staff should be aware of
	Please list any other comments or concerns tha	t you have:
risks my o the in th	s associated with the participation in the prog child's participation in spite of such risks. I a City of Maple Ridge of any medical or other c	Kids Club Program. I am aware that there are gram, including the risk of injury, and I consent to cknowledge that it is my responsibility to advise onditions which may affect my child's participation hem above. I have read this form and understand
Par	rent/Guardian Signature	Printed Name
Date	<u>, </u>	





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 tha	t 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 aftersch	nool 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 P	arent/Guardian:			
Child's Full Name		-	Date of Birth (D/M/Y)	
Complete Immunizati ☐ Written proof of variation	on: accinations attached	d		
Incomplete Immuniza ☐ Written proof of value		ble		
Received immunization	on in:			
Year of last Vaccine	City	Province	(If not in Canada, include country)	
☐ My child has had	some vaccinations			
☐ My child has no va	accinations			
☐ I do not know				
Please note in the every require immediate picture.	·		n incomplete or unknown immunizations wil	I
Parent's/Guardian's Printed N	ame	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

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	
G ,		day attending & is subject to space availability.	
Non-instruction	12	Active Kids Club will not operate on non-instructional days, holidays	
Days		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	13	If the Active Kids Club program is cancelled by Parks, Recreation &	
Cancellation		Culture, a refund will be provided to families.	
COVID-19	18	Parent/Guardians will screen children daily for symptoms of illness	
Screening		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	22	Families with a custody agreement or court order must provide a	
Agreements		copy or letter with access information prior to attending AKC.	
Emergencies	22	In the event of an emergency and an evacuation is necessary	
. 0.		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	
_ 3.5/ 3.5		the Ministry of Children and Family Development.	
Consent to	27	Active Kids Club staff may communicate with school supports and	
Disclose		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 &	27	Violent, aggressive or unsafe behaviour will result in immediate pick	
Aggression		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.	
tialing and signing this	document v	ou, the parent/guardian of the Active Kids Club Program, are agreeing to adher	e by the procedures

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. akc@mapleridge.ca and seek appropriate medical attention by first calling 8-1-1. akcompart 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.

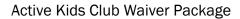
Further, note that your child's participation in City programming, including camps, is conditional upon your agreement to the terms contained in this Form.

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.	
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.	





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))	
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.

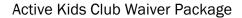
Monthly Payment Amount

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:	e print)
		terCard
	Card Number:	·
	Expiry Date:	CVV Code:
l hereb	and Conditions y authorize Maple Ridge Parks, Recreation & Culture lled payments and any additional days requested.	to charge my credit card on the 1^{st} day of each month for
Autho	rized Signature:	
Date:		







	APLE RIDGE	Active Kids C	
		Name of AKC	
Child's Name:		Birthday:	
Address:		Child lives with:	
Parent's Name:		Llarra Dhana	
Parent's Name:		Home Phone:	
Maria Diamen		Home Phone:	
Emergency Contact:		Phone:	
Child's Doctor:		Phone:	
1. Allergies			
2. Medications			
Card Care #:		Date Effective:	



0010517	
CONSENT O	ARD
It is the policy of the Active Kids Club program to notify a pare In the event we cannot contact you and we need to get imm consent to do s	ediate help for your child, we require a signed
I give consent for my child to be taken to the nearest emerge. I give consent for my child to receive medical treatment.	gency medical <u>centre</u> when I cannot be contacted.
	Signature of Parent/Guardian
Picture	organization rately available
of Child	Witness
	Date
Personal information contained on this form is collected unde and will be used only for the purposes indicated.	er the Community Care and Assisted Living Act

Please attach a recent colour photo of your child to the registration package