

# KINDERCARE/AFTER SCHOOL CARE FORM

(Must be submitted with signed policy form)

KINDERCARE ONLY

ASC ONLY

BOTH

MEMBER:  YES  NO START DATE: \_\_\_\_\_

CHILD'S LAST NAME: \_\_\_\_\_

CHILD'S FIRST NAME: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ School Attending: \_\_\_\_\_

Other siblings in JCC Preschool or Daycare  YES  NO

**PARENT INFORMATION:** (full name please) For Mailing Purposes

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (B): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (B): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Options:  Monday  Tuesday  Wednesday  Thursday  Friday  
 11:30 – 3:30 or  1:20 – 3:30 and/or  3:30 – 6:00  3:00 – 6:00

## METHOD OF PAYMENT - Please choose one of the following:

⇒ A non-refundable **\$250.00 deposit** is required at registration.

⇒ We accept payments by Cheque, Visa, MasterCard, or Automatic Withdrawal

Post-dated cheques (September to June inclusive)

Automatic Withdrawal (Void Cheque attached)

I hereby authorize the J.C.C. of Greater Vancouver to debit my account for deposit and monthly program fees.

Signature: \_\_\_\_\_

Visa / MC #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I hereby authorize the J.C.C. of Greater Vancouver to charge my credit card account for deposit and monthly program fees.

Signature: \_\_\_\_\_

*Confirmation:* You will receive confirmation of acceptance by March 31<sup>st</sup> by mail or by phone. If the program is full, you will be notified and placed on the Wait List. In this case, your \$250.00 deposit will not be processed.

**Cancellation Policies:** If circumstances change and you no longer require the services of KinderCare/After School Care program. You are required to make a request in writing at **least two calendar months** prior to your intended last month (ie: notice for withdrawal at the end of December must be given by October 31<sup>st</sup>). The JCC has the right to cancel any program with insufficient registration.

For more information please call Nancy Miller at 604-257-5111 ext. 331 or 246 or email: nancy@jccgv.bc.ca

Date: \_\_\_\_\_

Rec. #: \_\_\_\_\_

Staff Init: \_\_\_\_\_

ID # \_\_\_\_\_