



# REGISTRATION FORM

## Summer 2021

I am registering my child for the following program weeks: (please check)

Summer 2021 July

- July 5 - July 9
- July 12 - July 16
- July 19 - July 23
- July 26 - July 30

Summer 2021 August

- August 3 - August 6
- August 9 - August 13
- August 16 - August 20
- August 23 - August 27
- August 30 - September 3

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**Program Fees:**

- ❖ Full day Program (am/pm both months)
  - Time: 7:00 am to 6:00 pm
- ❖ Full day Program (am/pm by the week)
  - Time: 7:00 am to 6:00 pm
  - 1 months' notice required for each booked week

- AM & PM \$690.00/month - July  
\$870.00/month-August
- AM & PM \$200.00/week

❖ All Programs

- Full Summer Program includes 9 Weeks of Programming
- Base Location will be in the two second floor Before and After School Care
  - Primary 1 Blue Room
  - Primary 2 Purple Room
- Subject to availability based on our Group Care License of 20 Children in each Room
- Excludes:
  - Weekends and the August 2<sup>nd</sup> BC Day Statutory Holiday

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**Refund Policy:**

Cancellation made:

Two or more weeks (14+ days) prior start date = 100% refund

One to under two weeks (7-13 days) prior to start date = 50% refund

Less than one week (0-6 days) prior to the start date = no refund

FOR ADMINISTRATIVE PURPOSES ONLY

PAYMENT RECEIVED: \_\_\_\_\_ BY \_\_\_\_ CASH \_\_\_\_ CHEQUE \_\_\_\_ DEBIT INFO

REGISTRATION CONFIRMATION SENT \_\_\_\_ YES \_\_\_\_ NO

BETHANY CHILD CARE CENTRE  
 22680 WESTMINSTER HWY.  
 RICHMOND, B.C., V6V 1B7

TEL: 604-519-0133

EMAIL: [CHILDCARE@BETHANYBAPTIST.BC.CA](mailto:CHILDCARE@BETHANYBAPTIST.BC.CA)

WEB: [WWW.BETHANYCHILDCARE.CA](http://WWW.BETHANYCHILDCARE.CA)



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## Summer 2021

SUMMER 2021 at BETHANY

Child's Name (first and last) \_\_\_\_\_

Gender M F Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Birthday \_\_\_\_\_

\*\*\*\*\*  
Parent(s)/Guardian(s) Name(s) (first and last) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

If needed, which phone number is best to reach this person at during the day?  
(please check) home \_\_\_ work \_\_\_ cell \_\_\_

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Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

If needed, which phone number is best to reach this person at during the day?  
(please check) home \_\_\_ work \_\_\_ cell \_\_\_

\*\*\*\*\*

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

BC Care Card Number \_\_\_\_\_

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Does your child have any allergies/illnesses/special needs that we should be aware of?  
If "Yes," please specify \_\_\_\_\_

\_\_\_\_\_

Will your child be carrying any medication? Yes/No  
If "Yes," please specify \_\_\_\_\_

\_\_\_\_\_

Has your child taken swimming lessons? Yes/No  
If "Yes," what level has he or she completed? (please circle)

**Aquaquest:** 1 2 3 4 5 6 7 8 9 10 11 12 12+

If "No," is he or she a confident swimmer? Yes/No  
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I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ authorize Bethany Child Care Centre (BCCC) and its employees, sponsors and organizers, in the event of an emergency to take any action that BCCC (in its sole discretion) considers necessary, prudent, or in the best interest of the participant having taken into consideration all the circumstances of the emergency and releases all the aforementioned parties from liability in the event of an accident. I also permit my child to participate in field trips that take place away from BCCC. I realize that my child will be traveling via public transportation. I also give permission for BCCC to obtain personal information about my child/ward for the purpose of communication and registration requirements. I also give permission for my child/ward's photo to be taken and used in the communication and promotion of the BCCC events.

**I HAVE READ AND UNDERSTOOD THE MEANING OF THIS DOCUMENT.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2021

\_\_\_\_\_ (parent/guardian signature)

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