



POWER PLAY

Early Learning

**Summer Care
REGISTRATION PACKAGE**

Welcome to Summer Care at Power Play Early Learning!

Summer's the time for adventure, exploration, and non-stop fun! Play is an important aspect of every child's learning and at Power Play, Play IS Power!

While school's out, learning and growing never stop! Our Summer Care program offers a wide range of activities and experiences that encourage exploration, physical activity, and social skill development through the building of new friendships.

Our Summer Care team strives to provide the children in our care with fun, learning, and adventure!

Our Summer Care program offers:

- Engaging group projects and hands-on discoveries
- Weekly field trips
- Weekly 'theme days'
- Mind-expanding exploration
- Opportunities to build lasting friendships

Our Summer Care program runs from 8:30am to 4:30pm, Monday through Friday from July 2, 2025 - Aug 22, 2025 and is open to children entering grades 1 - 5 in the upcoming school year.

Registration is per week so families are free to choose the schedule that best fits within their own family Summer activities.

Registration and Scheduling

Summer Care operates on a weekly registration system, providing families the flexibility to choose the weeks that best align with their summer plans and activities.

Each week children will enjoy a mix of indoor and outdoor activities, nature walks, arts and crafts, active games and include two off-site field trips per week to lower mainland parks, water parks, beaches.

Please see the registration page for more information

Student Information		
Student's Full Name (First, Last)		Birthdate (Month/DD/YY)
Level Entering ___ Grade 1 ___ Grades 2-3 ___ Grades 4-5	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Summer Weeks Registering For: *Note* You may withdraw or make changes to your Summer Care registration without penalty up until <u>May 5, 2025</u> . <u>After May 5, 2025</u> any <u>changes</u> to weeks of care will incur a \$50 change fee and is based on availability. After May 5, 2025, any cancellation of care will be subject to a withdrawal fee equal to the cost of care Parent Initial _____	___ wk 1 (Jul 2-4) *3 days ___ wk 2 (July 7-11) ___ wk 3 (July 14-18) ___ wk 4 (July 21-25) ___ wk 5 (July 28- Aug 1) ___ wk 6 (Aug 5-8) *4 days ___ wk 7 (Aug 11-15) ___ wk 8 (Aug 18-22)	
Program Fees: Registration is per full week: Week 1: \$245 (before CCFRI) Weeks 2-5,7-8: \$345 per week (before CCFRI) Week 6: \$280 (before CCFRI) *CCFRI reductions dependant on grade of child Kindergarten - up to \$320 p/Month (full time) Grade 1+ - up to \$115 p/month (full time) *note, there is no reduction of weekly fees due to absences, illness family vacations, emergency closures etc..	Fee Totals Total Fees: \$ _____ Less CCFRI fee reduction -(\$ _____) Total including CCFRI \$ _____ Deposit due: 50% of total fees -(\$ _____) Amount Due June 01, 2025 \$ _____ Parent Initial: _____	
Mother's Information		
Mother's Full Name (First, Last)		
Home Address	Birthdate (Month/DD/YY)	
	Telephone	
Email	Cellular	
Employer Name and Address	Telephone	
	Hours	Position
Father's Information		
Father's Full Name (First, Last)		
Home Address	Birthdate (Month/DD/YY)	
	Telephone	
Email	Cellular	
Employer Name and Address	Telephone	

	Hours	Position
I acknowledge that the names I have written down are correct for tax receipt purposes. I would like my tax receipt filed under: <input type="checkbox"/> mother's full name as listed above <input type="checkbox"/> father's full name as listed above <input type="checkbox"/> both <input type="checkbox"/>		
Preferred Contact Information		
Please contact me preferably by: (check one or both) <input type="checkbox"/> phone _____ (please write preferred number) <input type="checkbox"/> email _____ (please write preferred email)		

Custody Information

Does your child live with both parents?

☐

Yes

☐

No (please fill in section below)

With whom does the child live?

Since what date?

Is a custody agreement in place? (please give details and attach copy)

Personal Information

<i>Does your child have any siblings?</i>	<i>Gender</i>	<i>Birthdate</i>	<i>Relationship</i>	<i>Do they live with child</i>
Name	<input type="checkbox"/> M <input type="checkbox"/> F	dd/mm/yy	<input type="checkbox"/> close <input type="checkbox"/> differences	<input type="checkbox"/> yes/often <input type="checkbox"/> no/seldom
Name	<input type="checkbox"/> M <input type="checkbox"/> F	dd/mm/yy	<input type="checkbox"/> close <input type="checkbox"/> differences	<input type="checkbox"/> yes/often <input type="checkbox"/> no/seldom
Name	<input type="checkbox"/> M <input type="checkbox"/> F	dd/mm/yy	<input type="checkbox"/> close <input type="checkbox"/> differences	<input type="checkbox"/> yes/often <input type="checkbox"/> no/seldom
Name	<input type="checkbox"/> M <input type="checkbox"/> F	dd/mm/yy	<input type="checkbox"/> close <input type="checkbox"/> differences	<input type="checkbox"/> yes/often <input type="checkbox"/> no/seldom

What language(s) does your child speak?

First

Others

Have you noticed any behaviours in your child that may be of concern in a classroom setting (i.e. aggression)?

☐

No

☐

Yes (please explain):

Has your child attended a Summer Care or Daycare program before?

Describe your child's interests

How can we best enhance your child's Summer experience?

HEALTH HISTORY

Doctor Information								
Doctor's Name								
Address					Telephone Number			
					Hours			
Other health professionals involved with your child		Profession		Contact Number				
Emergency Contact Information <i>(parents will be contacted first - please provide an alternate person in case you cannot be reached)</i>								
Full Name					Telephone			
Relationship to child					Cellular			
Personal Data								
Care Card Number								
Vision	Does the student have any known vision problems?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?			
Hearing	Does the student have any known hearing problems?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?			
Medical Conditions	Does the student have any condition that may require emergency care?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?			
	What are the student's allergies?							
	Indicate any other special concerns, illnesses, operations, medications, chronic conditions or speech/language difficulties.							
Immunization History (or enclose photocopy of immunization records)								
A		Date	Vaccine	B		Date	C	Date
Diphtheria	1			Polio	1		Hib	1
Tetanus	2				2		Haemophilus	2
Pertussis	3				3		Influenza	3
Please specify DPT, DT, Td and/or DPTP since June 94	4				4		Type B	
	5				5			
D		Date	Vaccine	E		Date	F	Date
MMR OR else				Hepatitis B	1		Other	1
Measles	1				2			2
	2				3			3
Mumps	3							4
Rubella								

Please return this form to complete your registration procedure.

Signature

Date

IMPORTANT POLICIES AND PERMISSIONS

Student Name:

- ☐ Resource and Policy Guide I. I have carefully read and understood the Power Plays Resource and Policy Guide and agree to abide by its terms and conditions. I also understand that failure to comply with these terms could result in the withdrawal of my child from the Program.
- ☐ Medication policy: I have carefully read and understood the medication policy and agree to abide by this policy. I also understand that failure to comply with these terms could result in the withdrawal of my child from the Program
- ☐ Illness Policy: I have carefully read and understood the illness policy and agree to abide by this policy. I also understand that failure to comply with these terms could result in the withdrawal of my child from the Program
- ☐ Liability Insurance: I understand that Power Play Early Learning carries comprehensive general liability insurance for injury to the staff and to the children while under the care and supervision of Power Play Early Learning. In case of injury to my child while in care, custody, or control of Power Play Early Learning. I, the undersigned, hereby waive any claim to damages or any other claims against the staff and/or Power Play Early Learning in excess of the amount of liability insurance carried by Power Play Early Learning.
- ☐ Permission for Field trips and Outings: I have read the Field Trip Policy and give my permission to Power Play Early Learning to take my child on any field trip or outing, be it spontaneous or planned and notified organized by the program. I hereby acknowledge that no further permission slip or document is required other than this one now or at any time while my child is under the care of Power Play Early Learning.
- ☐ Permission for Picture Taking or Filming: I hereby give my permission to Power Play Early Learning to have pictures (or video footage) taken of my child for record keeping, classroom use and documentation purposes.
- ☐ Summer Care Fees: I acknowledge that a non-refundable deposit equal to 50% of total care is collected upon registration. Remaining fees are due June 1, 2025. I also understand the fee/cancellation and change policy as outlined above in Program Fees.

By checking off all the boxes above and signing below, I acknowledge and agree with the statements above.

Printed Name/Signature

Date

PICK UP AND STUDENT RELEASE AUTHORIZATION FORM

Student Information		
Student name		
If someone else other than the following authorized persons comes to pick-up the child, please do not release the child before contacting the following person(s).	Name, relationship to child	Telephone/cellular
	Name, relationship to child	Telephone/cellular
Other special instructions		
Authorized to Pick Up		
Place photo here	Full name	Relationship to child
	ID#	Telephone
	Comments	
Authorized to Pick Up		
Place photo here	Full name	Relationship to child
	ID#	Telephone
	Comments	
Authorized to Pick Up		
Place photo here	Full name	Relationship to child
	ID#	Telephone
	Comments	

I understand my child will only be released to me or the parties specified on my approval list. When asked, the person responsible for picking up and dropping off my child must present identification to the front desk and classroom teachers in order to enter the facilities or in order to drop off or pick up the child.

My child will only be accepted and released in the presence of PPEL staff. I must notify PPEL in-advance in writing if your child is to be picked up by anyone other than you (the parent) or the alternate person you have authorized on your form.

Signature

Date

EMERGENCY CONSENT FORM

Please attach
child's photo
to this form.

Child's Name		Birthdate	
(Surname)	(First name[s])	(Year/Month/Day)	
Address			
Parent's Name		Home Phone	
Cell Phone		Work Phone	
Parent's Name		Home Phone	
Cell Phone		Work Phone	
Emergency Contact	Cell Phone	Phone	
Out of Area Contact (170 km minimum)		Phone	
Child's Doctor		Phone	
Date of Most Recent Tetanus Shot			
Allergies/Medications		Dietary Restrictions	
Child's Dentist		Phone	
Care Card Number			

CONSENT

1. It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
2. Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency center.
3. I hereby give consent for my child _____ to be taken to the nearest emergency center when I cannot be contacted.
4. I hereby give consent for my child named above to receive medical treatment.

Signature of Parent

CONSENT TO USE OF IMAGE

I, _____, am the legal guardian of _____ and hereby give Power Play Early Learning (PPEL) permission to use images of my child (including any motion picture or still photographs made by PPEL of my child's likeness, poses, acts and appearances or the sound records made by PPEL of my child's voice) ("Images") for any purposes in connection with promoting PPEL and its activities (the "Purposes") indefinitely, which may include advertising, promotion and marketing. PPEL may crop, alter or modify Images of my child and combine such Images with other images, text, audio recordings and graphics without notifying me.

PPEL shall have complete ownership of the Images in which my child appears, including copyright interests, and I acknowledge that I have no interest or ownership in the Images or its copyright. On behalf of my child, I assign and transfer to PPEL any and all proprietary rights, including copyright, and waive all personality rights, which I may have or my child may have in this material.

I have read and understood this form prior to signing it, and am aware that by selecting 'I Consent' I am giving permission to PPEL to use my child's Image for the Purposes.

- ☐ I Consent
- ☐ I DO NOT Consent

Signature of Guardian _____

Date _____