

REGISTRATION FORM

Summer 2024

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

Summer 2024 July

- July 2 - July 5
- July 8 - July 12
- July 15 - July 19
- July 22 - July 26
- July 29 - August 2

Summer 2024 August

- August 6 - August 9
- August 12 - August 16
- August 19 - August 23
- August 26 - August 30

Program Fees:

- ❖ Full day Program (am/pm both months) ? AM & PM \$926.00/month - July
 ➢ Time: 7:00 am to 6:00 pm \$740.00/month - August
- ❖ Full day Program (am/pm by the week) ? AM & PM \$224.00/week
 ➢ Time: 7:00 am to 6:00 pm
 ➢ 1 months' notice required for each booked 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 July 1st in Lieu of Canada Day and August 5th BC Day Statutory Holiday

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 : chil dcare@bethanybaptist.bc.ca

Web: www.bethanychildcare.ca



REGISTRATION FORM

Summer 2024

SUMMER 2024 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 ___

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 _____

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

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 _____, 2024

(parent/guardian signature)

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