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[www.mountainridgeacademy.ca](http://www.mountainridgeacademy.ca)

## Registration Package

**Please attach a  
recent photo of  
your child here**

Full Name of Child: \_\_\_\_\_

Birth date: (DD/MM/YYYY) \_\_\_\_\_ Gender: \_\_\_\_\_

Eye Colour: \_\_\_\_\_ Hair Colour: \_\_\_\_\_

Identifying Features (Height, Weight, Birthmark): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Parent/Legal Guardian Information

**Parent or Guardian:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

Place of Work: \_\_\_\_\_ (W) \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

Place of Work: \_\_\_\_\_ (W) \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**People who MAY NOT have access to my child:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Any custody information that we need to know? (Please attach copy of custody order)**

\_\_\_\_\_

\_\_\_\_\_

**Other not directly related people who MAY NOT approach my child:**

Name(s): \_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

**Full Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

This person can be considered a person who can pick up my child.    Yes        No

**Full Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

This person can be considered a person who can pick up my child.    Yes        No

### **People who can pick up my child:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**I authorize Mountain Ridge Academy to release my child into the care of all persons listed above when measures set out in the “release of child” policy have been fulfilled. I understand anyone picking up my child may be required to present photo identification.**

\_\_\_\_\_  
(Signature of parent/legal guardian)

## Medical Information

Family Physician/Clinic/ER: \_\_\_\_\_ Phone: \_\_\_\_\_

MSP #: \_\_\_\_\_

1. Does your child have any allergies or recurring medical problems? If so, explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Is your child on regular medication? \_\_\_\_\_

3. Does your child have vision, hearing, or speech/language impairment?

\_\_\_\_\_  
\_\_\_\_\_

4. Record any communicable diseases your child has had.

\_\_\_\_\_

## Immunizations

**Please initial:**

\_\_\_\_\_ My child's immunizations are up-to-date.

\_\_\_\_\_ I have chosen not to immunize my child at the recommended ages.  
I understand that if there is an outbreak of a communicable disease, for which my child is not immunized, that I may be asked to exclude my child from the program until approval is provided by Public Health for my child to return. There will be no refund for missed days.

## Emergency Medical Information for Field Trips

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parents/Guardians Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clinic/ER: \_\_\_\_\_ Phone: \_\_\_\_\_  
Most Recent Tetanus: \_\_\_\_\_  
Allergies/Medications: \_\_\_\_\_  
MSP#: \_\_\_\_\_

It is Mountain Ridge Academy's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for Mountain Ridge Academy staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency centre.

I authorize the staff at Mountain Ridge Academy to call a physician, take my child to the nearest emergency centre, or summon an ambulance for emergency medical aid should the person in attendance feel such services are required and I cannot be contacted by telephone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be my sole responsibility.

<b>(Signature of parent/legal guardian)</b>	<b>(Date)</b>
<b>(Signature of parent/legal guardian)</b>	<b>(Date)</b>

## **Health Care Products**

I give consent for Mountain Ridge Academy staff to apply health care products that I have provided (e.g. sunscreen, bug spray, diaper rash cream, polysporin, first aid ointments, and moisturizing lotions). In the event that I have not provided any I give permission for Mountain Ridge Academy staff to administer whichever brand they have on site.

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**(Signature of parent/legal guardian)**

## **Field Trip Authorization**

Field trips and spontaneous outings are an important part of our program. Mountain Ridge Academy provides advance notice of all scheduled field trips, either in writing or in the form of an email. I understand that there may be the occasional request for contributions to cover the cost of events.

I give permission for my child to be guided on short outings off Mountain Ridge Academy premises (such as neighborhood walks) and to attend scheduled field trips with Mountain Ridge Academy.

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**(Signature of parent/legal guardian)**

## **Photograph and Video Consent**

Throughout the year, photographs and recordings will be taken of the children while they are involved in various activities at Mountain Ridge Academy. Photos and / or recordings may be displayed during the program session, through our Facebook page (closed group), in the newsletter, on our website, and used in future promotional advertisements for Mountain Ridge Academy. An emergency identification photo is also part of every child's file (mandatory).

### ***Please initial:***

\_\_\_\_\_ I give permission to Mountain Ridge Academy staff to take photographs/videos of my child.

\_\_\_\_\_ I give permission to Mountain Ridge Academy to use photographs / videos in which my child appears for the above stated purposes.

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**(Signature of parent/legal guardian)**

## Child Profile

The following questions help us get to know your child. To elaborate, feel free to speak with your child's caregiver.

1. Is there any language other than English spoken in your home?    Yes    No

Language: \_\_\_\_\_

2. Does your child have siblings? \_\_\_\_\_

3. Does your child have any strong fears, such as animals, bugs, thunderstorms?

\_\_\_\_\_

4. If your child is in afternoon care, please describe your child's napping routines (does he/she nap, how long, etc.). \_\_\_\_\_

\_\_\_\_\_

5. Describe your child's appetite, favorite foods, and disliked foods.

\_\_\_\_\_

6. Does your child have a difficult time when you leave?

\_\_\_\_\_

7. How does your child react to requests from adults who are caring for them?

\_\_\_\_\_

8. Does your child use the toilet independently? Do you have any toileting concerns?

\_\_\_\_\_

9. Have there been any recent changes at home that might affect your child?

\_\_\_\_\_

10. Describe any other information about your child that might be helpful for us.

\_\_\_\_\_

\_\_\_\_\_

## Parent Contract – Terms and Conditions

This agreement made on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Between Mountain Ridge Academy in Invermere, in the Province of British Columbia and \_\_\_\_\_ (Parent User).

### **Please Initial:**

\_\_\_\_\_ The Parent User agrees to cooperate fully with the requirements of the program outline in the *Parent Handbook of Policies and Procedures* posted on the website.

\_\_\_\_\_ All new enrollments will be charged a one-time non-refundable \$40.00 administration fee. The first month's fees in full are due upon parent's acceptance and confirmation of a space at Mountain Ridge Academy. Should you withdraw your child from the program before September there will be a non-refundable fee of \$100.

\_\_\_\_\_ The Parent User agrees to pay fees promptly by the first day of the month. It is understood and accepted that payment later than the due date will incur a 10% late surcharge (to cover the additional administration costs associated with late payments). Fee payment that is more than two weeks in arrears may result in termination of services.

\_\_\_\_\_ Payment must be made by post-dated cheques or cash.

\_\_\_\_\_ If you have applied for government subsidy (ACCB), you will be responsible to pay your child's fees in full, while in attendance, until the subsidy is in place.

\_\_\_\_\_ NSF cheques must be replaced within five days (later than 5 days will result in a 10% surcharge) and must include an additional \$50.00 NSF fee. Repeated NSF cheques may result in termination of childcare.

\_\_\_\_\_ Family Discount: When a family has more than one child enrolled, they will receive 10% off their second child's fees.

\_\_\_\_\_ Mountain Ridge Academy is closed on public statutory holidays each calendar year, on Easter Monday, and for Christmas break and spring break. Fees for December and March will be prorated for centre closures during school holidays. Mountain Ridge Academy remains open during local elementary school Pro-D days.

\_\_\_\_\_ There will be no financial reimbursement from Mountain Ridge Academy for missed days due to vacations, illness, or personal choice.

\_\_\_\_\_ Families can expect a 3 to 5% fee increase per year at the discretion of Mountain Ridge Academy to cover the cost of inflation.

\_\_\_\_\_ Late pick-up is subject to a fee of \$20.



\_\_\_\_\_ If the Parent User decides to withdraw their child from Mountain Ridge Academy, they will give **30 days (1 month) written notice** of termination, or payment in lieu of the same. All remaining post-dated cheques on file will be returned to the parent within 14 days.

\_\_\_\_\_ The Parent User releases Mountain Ridge Academy and its staff from any liability whatsoever for injury and illness occurring while their child is in attendance, with the understanding that all reasonable precaution is taken to safeguard against such an event.

\_\_\_\_\_ The child's personal registration forms must accompany this fee agreement. If information changes at any time, please update the forms promptly.

### **FEE AGREEMENT**

Full-day child care runs from 8:00 a.m. – 5:00 p.m. Monday – Thursday.

1 DAY PER WEEK	\$164 PER MONTH*
2 DAYS PER WEEK	\$324 PER MONTH*
3 DAYS PER WEEK	\$487 PER MONTH*
4 DAYS PER WEEK	\$647 PER MONTH*

\*Fees include the Child Care Fee Reduction. Fees are higher for children under 3 years of age.

\_\_\_\_\_  
(Signature of parent/legal guardian)

### **Enrollment Procedure / Requirements**

STEP 1: Receive confirmation of available space at Mountain Ridge Academy.

STEP 2: Fill out the Registration Package. Signed registration forms may be dropped off at Mountain Ridge Academy, sent by mail, or e-mailed. Please note: A child cannot attend the program without a completed package.

STEP 3: Pay the \$40 administration fee and the first month's fees.

STEP 4: Set up and complete an orientation session prior to your child's first day.

If you have any questions, please contact Vassa by phone at 250-688-2797 or by email at [info@mountainridgeacademy.ca](mailto:info@mountainridgeacademy.ca)