



Phone: (778) 265-Kids
 109-1830 Island Hwy
 Victoria, BC
 V9B 1J2

Welcome to Children Of the Island Childcare Centre Inc., Hours of operation are 7:00 am to 5:00 pm. Hours have been recently modified in response to the ongoing COVID-19 pandemic.

Group child care Birth to 36 months - Infant and Toddler Program

	Monthly Fee	Fee reduction Government funding	Total Monthly Fee
Full time	\$1,565.00	-\$350.00	\$1,215.00

Fees include hot nutritious lunch and 2 healthy snacks daily. Note: part-time option not available in our Infant/Toddler program

Group childcare 30 months to 36 months – Group childcare (30 months to 5yr)

Please note that children aged between 30 months and 36 months that have graduated into the group 30 months to 5 year program are eligible for part time service.

	Monthly Fee	Fee reduction Government funding	Total Monthly Fee
Full time	\$1,565.00	-\$350.00	\$1,215.00
4 days/week	\$1,330.00	-\$280.00	\$1,050.00
3 days/week	\$1,017.00	-\$210.00	\$807.00
2 days/week	\$703.00	-\$140.00	\$563.00

Fees include hot nutritious lunch and 2 healthy snacks daily.

Group childcare 36 months to 5 yrs. old

	Monthly Fee	Fee reduction Government funding	Total Monthly Fee
Full time	\$1,145.00	-\$100.00	\$1,045.00
4 days/week	\$975.00	-\$80.00	\$895.00
3 days/week	\$745.00	-\$60.00	\$685.00
2 days/week	\$515.00	-\$40.00	\$475.00

Fees include hot nutritious lunch and 2 healthy snacks daily.

Preschool Program 3 to 5 yrs. old - Extended Program (9:00 am to 2:00 pm)

		Monthly Fee	Fee reduction Government funding	Total Monthly Fee
5 days/week	Monday to Friday	\$850.00	-\$100.00	\$750.00
3 days/week	Monday-Wed-Friday	\$555.00	-\$60.00	\$495.00
2 days/week	Tuesday-Thursday	\$385.00	-\$40.00	\$345.00

Fees include 1 healthy snack and a hot nutritious lunch daily. Registration is now open for September 2020

Note: This group follows the Sooke School District 62 calendar, the program will remain open for spring break weeks in 2021.

All programs require a \$150 non refundable enrolment fee at time of registration.

Registration of your child requires:

- Completing a registration form and emergency card.
- \$150 non-refundable enrolment fee
- If you receive or will be applying for childcare subsidy, your application must be approved prior to starting at the Centre unless parents agree to pay the regular fee
- Copy of custody restriction (if applicable)
- Immunization record
- Recent photo of your child
- Only monthly pre-authorized debit, post-dated cheques or e-transfers will be accepted, please send e-transfers to Richard@childrenoftheisland.com please reference your child's name

Registration is not complete, and care will not commence until all required documents and fees are received and completed.

Registration Form

Date of Enrolment: _____ Type of care Program: _____

Name of Child: _____ Birthdate: ____/____/____ Sex: M __ F __
yy mm dd

Full name of Parent(s)/Guardian:

1. _____ Email: _____

2. _____ Email: _____

Address:

1. _____

2. _____

Phone #: HOME: 1. (____) _____ - _____ WORK: 1. (____) _____ - _____

2. (____) _____ - _____ 2. (____) _____ - _____

Place of work: 1. _____

2. _____

Care Card Number: _____

Family Doctor: _____

Phone Number: _____

Names of other children in family:

Birthdate:

_____ (____ / ____ / ____) (yy / mm / dd)

_____ (____ / ____ / ____) (yy / mm / dd)

PERSONS AUTHORIZED TO CONTACT IN EMERGENCY

1. _____ (____) _____ - _____

2. _____ (____) _____ - _____

3. _____ (____) _____ - _____
Name Phone #

PERSONS AUTHORIZED TO PICK UP THE CHILD

1. _____ (____) _____ - _____

2. _____ (____) _____ - _____

3. _____ (____) _____ - _____

Person not permitted access to child: _____

Custody restrictions? NO YES If YES, please attach court order and state general conditions.

CHILD CARE INFORMATION

Has the child had previous experience away from home? NO YES If YES, explain:

Do you think your child feels comfortable leaving parents? NO YES If YES, explain:

What are the child's eating habits?

Favourite foods: _____

Strong dislikes: _____

HEALTH INFORMATION

Does your child regularly take medication? NO YES If YES, explain

Special instructions concerning Care, Medication, Diet:

Has this child had any known health problems or depressed immune system?

NO YES - If YES, attach documentation.

List communicable diseases child has had:

Has he/she had any recent illness? NO YES - If YES:

Any allergies? NO YES - **If YES, list ALLERGENS:

**Attach special instructions to follow in the event of an allergic reaction.

By my signature below I acknowledge the following:

I authorize Children of the Island Childcare Centre/Centre de Garde les Enfants de l'Île Inc. to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency.

Date

Signature of Parent/Guardian

Signature of Child Care Provider