



## Thank you for registering your child at Spare Time

### **PLEASE DOWNLOAD AND SAVE THE FORMS TO YOUR COMPUTER**

Please complete the document package if you are new to Spare Time Child Care Society

- Complete the [Spare Time Registration Documents](#) , which include contact information, centre-parent agreement, photo/video consent, Emergency Consent and [Immunization Information Form](#).
- Complete the [Anaphylaxis Care Plan Form](#) and [Asthma Care Plan Form](#) if necessary.

Sir Charles  
Kingsford-Smith

School  
6901 Elliott St  
Vancouver, BC  
V5S 2N1

T 604 325 1010

F 604 325 1039

### **Spare Time Forms Guide:**

1. Download the form(s) from our website and save it onto your computer (e.g. onto your desktop). The form(s) are located under the [Registration](#) tab n the [Forms](#) section.

When downloading/saving the form(s) an option will appear to rename it, as well as where to save the it.

- Rename the form(s) to the name of your child (e.g. Smith, John) and save it to your desktop or another location. (Remember where you saved it as you will need that information later.)
  - If the form(s) opens in your browser and the option to download does not appear, save the PDF form to your computer by using the “save” or “save as” option in your browser.
  - Depending on your browser and PDF program there will either be an icon in the form(s) of a picture of a disk, or the “save / save as” option will be under the “file” menu.
2. Complete the form(s) using Adobe Acrobat Reader or another PDF program. If you are using a Mac/Apple please note that Apple Preview does not work properly. Please use a PDF program like Adobe Acrobat Reader.

**Please sign the form(s) by typing your name in the signature fields.**

3. When you have finished filling in the form(s), save and email the complete PDF to the centre your child is enrolled in. See email addresses below.
  - Click the disk icon or the “save/save as” tab under the “file” menu.
  - Once the form is saved, email it to the centre your child is enrolled in.

Spare Time II: [sparetimeii@sparetimesociety.org](mailto:sparetimeii@sparetimesociety.org)

Spare Time Bobolink: [oliver@sparetimesociety.org](mailto:oliver@sparetimesociety.org)

Spare Time Challenge Club: [astrid@sparetimesociety.org](mailto:astrid@sparetimesociety.org)

Spare Time Clubhouse: [clubhouse@sparetimesociety.org](mailto:clubhouse@sparetimesociety.org)

Spare Time Connection: [clubhouse@sparetimesociety.org](mailto:clubhouse@sparetimesociety.org)

Spare Time Treehouse: [clubhouse@sparetimesociety.org](mailto:clubhouse@sparetimesociety.org)

4. When we receive the forms, we will review them, add a photo of your child.
5. We also need a copy of your child’s immunization records; they can be emailed to the centre.

Should you have any question regarding the forms, please contact your Centre.

### **PLEASE DOWNLOAD AND SAVE THE FORMS TO YOUR COMPUTER**

Spare Time II  
Sir Wilfrid Laurier School  
T 604 713 4930

Spare Time Bobolink  
David Oppenheimer School  
T 604 325 5733

Spare Time Clubhouse  
General Wolfe School  
T 604 875 1818

Spare Time Special Needs Program  
Sir Charles Kingsford-Smith School  
T 604 325 1010

Spare Time Challenge Club  
Sir Charles Kingsford-Smith School  
T 604 325 1010

Spare Time Connection  
David Livingstone School  
T 604 875 1331

# REGISTRATION DOCUMENTS

For Parents Enrolling Children In

## The Spare Time Child Care Centres

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### **Spare Time II**

Wilfred Laurier School  
7350 Laurel Street  
Vancouver, B.C. V6P 3T9  
Phone: (604) 713-4930

### **Spare Time Bobolink**

David Oppenheimer School  
2421 Scarboro Street  
Vancouver, B.C. V6P 2L5  
Phone: (604) 325-5733  
Fax: (604) 325-5703

### **Spare Time Challenge Club**

Kingsford-Smith School  
6901 Elliott Street  
Vancouver, B.C. V5S 2N1  
Phone: (604) 325-1010  
Fax: (604) 325-1039

### **Spare Time Clubhouse**

General Wolfe School  
4251 Ontario Street  
Vancouver, B.C. V5V 3G8  
Phone: (604) 875-1818  
Fax: (604) 875-1882

### **Spare Time Connection**

David Livingstone School  
315 East 23<sup>rd</sup> Avenue  
Vancouver, B.C. V5V 1X6  
Phone: (604) 875-1331

### **Spare Time Treehouse**

David Livingstone School  
315 East 23<sup>rd</sup> Avenue  
Vancouver, B.C. V5V 1X6  
Phone: (604) 875-1331

**CHILD'S STARTING DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

**SEX:**

M \_\_\_\_ F \_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

**NAME OF CHILD:** \_\_\_\_\_

(Surname)

(Given Names)

(Also Known As)

Name the Child responds to: \_\_\_\_\_

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

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) with whom the child lives (adults and children): \_\_\_\_\_

Child's first language: \_\_\_\_\_ Other languages: \_\_\_\_\_

**Parent(s) / guardian(s):**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**If appropriate, list an English speaking contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Has the child previously attended davcare/preschool?**

YES  NO

Comments: \_\_\_\_\_

**Comments/instructions to help us care for your child. (Please tell us anything else you think will help us provide an enriching experience for your child) Please feel free to add additional pages.**

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

**DOES YOUR CHILD HAVE: (select yes or no from the dropdown menu)**

Any extra support needs, special needs, a learning disability, an IEP, or

If yes, please provide further information: \_\_\_\_\_

\* you may be asked to contact the Centre For Ability to request a supported child care placement within our program, a smaller staff/child ratio is available for a limited number of children

**HEALTH INFORMATION**

CareCard Personal Health #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health professionals involved with your child (other than doctor and dentist:

NAME	PROFESSION/AGENCY	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DOES YOUR CHILD HAVE:** (select yes or no from the dropdown menus)

A medical condition/concern? YES NO  
If yes, please provide further information: \_\_\_\_\_

Allergies? YES NO  
If yes, please provide further information: \_\_\_\_\_

Asthma? YES NO  
If yes, please provide further information: \_\_\_\_\_

Has your child had a seizure in the past year? YES NO  
If yes, please provide further information: \_\_\_\_\_

Does your child require a special diet related to a medical condition? YES NO  
If yes, please provide further information: \_\_\_\_\_

Food sensitivities? YES NO  
If yes, please provide further information: \_\_\_\_\_

**List all prescription and “over the counter” medications your child receives:**

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

**This health information may be made available to the staff of Vancouver Coastal Health.**

Custody Agreement YES <input type="checkbox"/> N/A <input type="checkbox"/>		Provided to Facility YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Immunization Documents Returned to Facility YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b><u>Information Provided By:</u></b>	_____	_____	_____
	Print Name	Signature	
<b>DATE:</b> _____			
<b><u>Information Received By:</u></b>	_____	_____	_____
	Print Name	Signature	
<b>DATE:</b> _____			

<b><u>Office Use Only</u></b>
Date Child Leaves the Facility: DATE: _____ / _____ / _____
YY MM DD

## PARENTS AGREEMENT

### SPARE TIME CHILD CARE SOCIETY PARENT AGREEMENT

I have read the Spare Time Child Care Society Parent Handbook and I agree to the following:

1. If my child will be absent from the centre, I will notify the staff prior to the beginning of the program.
2. I will notify the staff in writing of any change in my child's after school programs, ie. attending extracurricular activities, visiting a friend's house, etc.
3. I will ensure that my child is signed out each day before leaving the centre.
4. I will notify the staff in writing or by telephone of any changes in my child's pick up instructions. I understand that my child will not be released to anyone not listed by me on my child's pick up instruction form.
5. I understand that my child must be nine years of age before being allowed to walk home alone and that my child will not be allowed to walk home alone after dark, regardless of age.
6. I understand that the Spare Time Child Care Society and the staff at the centre are not responsible for my child once my child leaves the centre.
7. I understand that the centre opens at 7:30 am and that neither the Society nor the staff are responsible for my child if he/she arrives at the centre prior to that time. I understand that it is my responsibility to ensure that the centre is open and the staff have arrived before leaving my child there.
8. I understand that the centre closes promptly at 6:00 pm. I agree to ensure that my child is picked up before that time each day. If I am late in picking up my child, I agree to pay the late fee charge as set out in the Handbook. I understand that if I am late more than three times, I may be asked to withdraw my child from the centre.
9. I agree to pay the child care fee as set out in the fees schedule each month, by the 10<sup>th</sup> day of each month. I understand that a 10% surcharge will be levied on overdue amounts.
10. I understand that I must give the centre notice in writing one month before withdrawing my child from the centre. If I fail to give notice I will forfeit my deposit. No partial months are allowed.
11. I agree to inform the centre in writing if I do not wish my child to participate in a field trip or an activity.
12. I agree to allow the centre to transport my child in any one of their Variety Club vehicles, rental buses, public transportation and occasionally in personal vehicles, providing adequate safety measures have been taken.

13. I agree to not send an ill or contagious child to daycare, and to pick my child up promptly if they become ill during the day.

14. I agree to inform the staff at the centre in writing of any medical concerns or conditions my child may have (ie. allergies, diabetes, special medication, etc). If my child requires any medication I agree to inform the staff in writing as to the dosage and time the medication is given. I understand the staff will only administer medication with a doctor's prescription.

15. I agree to inform the centre staff if my child will be bringing any medications with him/her to the centre. This includes non-prescription medications.

16. In an emergency requiring immediate medical or dental attention, I agree to allow the child care staff to take my child to the nearest medical facility for treatment.

17. I agree to ensure that my child's medical emergency card and all pertinent information regarding my child are kept up to date.

18. I agree to inform the centre staff of any events or changes in my child's life which may affect my child's behaviour at the centre.

19. I understand the centre's guidance and discipline guidelines and agree to support the staff regarding disciplinary decisions made during centre hours.

20. I agree to discuss any concerns regarding my child with the centre supervisor and will attend meetings set up for that purpose.

21. I understand that if I have not fully disclosed information pertaining to any extra support need my child has that does not allow the centre to maintain the legal staff/child ratios set out by the Ministry of Health, or, does not allow the centre staff to ensure the safety and well-being of every child in their care, I will be asked to withdraw my child.

22. I agree to attend the Spare Time Society's Annual General Meeting. I understand that if I am unable to attend I must inform the Society in writing 7 days prior to the meeting.

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**As a member of the Spare Time Child Care Society, I state herewith that I have read the Parent Handbook and the Parent Agreement, and I agree to comply with the policies contained therein.**

**I also understand that failure to comply with these policies is grounds for dismissal from the centre.**

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Signature of Parent/Guardian

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Date

---

Signature of Witness

## **PHOTOGRAPH & VIDEO RELEASE**

I understand that from time to time photographs and videos will be taken of the children in the centre and that these photographs and videos may be used for centre slide shows, videos and presentations, or for various marketing initiatives to promote Spare Time Child Care Society.

*(select yes or no from the dropdown menu)*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **CONSENT FOR ILL CHILD TO BE TAKEN TO EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE CONTACTED**

It is the policy of the Spare Time Child Care Society that the Parent/Guardian is notified when a child is ill or needs medical/dental attention. Occasionally we cannot contact a Parent/Guardian and we need to get immediate help for the child. Our procedure is to take the child to the NEAREST EMERGENCY SERVICE. This form will be taken to the emergency centre with the child.

I HEREBY GIVE CONSENT FOR MY CHILD \_\_\_\_\_  
TO BE TAKEN WHEN ILL OR INJURED, TO THE NEAREST EMERGENCY CENTRE BY THE CARE FACILITY STAFF  
WHEN I CANNOT BE CONTACTED.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

### Additional Pick Up Information

Section 57(3) of the Child Care Licensing Regulation requires a licensee (Spare Time) to have **written permission** to release a child to a person other than the parent. Verbal consent over the telephone is not sufficient. If a person picking up your child is not on the **registration form** or **on this pick-up list** please send a letter giving them permission.

The following people have permission to pick up my child, \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### CHILD LEAVING THE CENTRE ALONE

I give consent for my child to leave the Centre at (time) \_\_\_\_\_  
each day to walk home on his/her own.

If there should be an exception to this instruction, I will send written information with my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## INTERMITTENT SUPERVISION FORM

(Age Group 10-12)

One of the goals of the Spare Time Centres is to design programs that meet the needs of each of our age groups. We believe that as children grow older they should be given all possible opportunities to exhibit more responsible behaviour and independence of action.

- ★ One of our age groups – Leaders/Loungers – can benefit and develop by being allowed to organize and participate in certain activities with “Intermittent Supervision”.

Activities carried out with “Intermittent Supervision” are controlled but not with our otherwise constant visual checking. Rather, participants are checked at carefully timed intervals by a staff person, allowing them room for development of this responsibility and independence of action.

Intermittent Supervision activities could include:

- ★ A pair of Leaders/Loungers wanting to play on the basketball court by signing out on an out-door list and having a Staff person check on the progress of their game every 10-15 minutes
- ★ A group of Leaders/Loungers wanting to play floor hockey in the gym by signing out on an gym list and having a Staff person check on the progress of their game every 10-15 minutes

Your child \_\_\_\_\_ is in the Leader/Lounger Group and in order that he/she might participate in activities such as those described above **WE REQUIRE YOUR PERMISSION FOR INSURANCE PURPOSES.**

- YES** I will permit my child to participate in activities with “Intermittent Supervision”
- NO** I wish my child to be supervised at all times
- NEED MORE INFORMATION**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CHILD CARE**

CCFL3, Rev 04-2009

**EMERGENCY CONSENT 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 TOWN CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF MOST RECENT TETANUS SHOT: \_\_\_\_\_

ALLERGIES / MEDICATIONS: \_\_\_\_\_

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 centre.
- 3) I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

CCFL3, Rev 04-2009

\_\_\_\_\_  
WITNESS

Provided by VCH – Community Care Facilities Licensing

Notes & Comments:

## Immunization Information for Child Care

Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

**To be completed by Parent/Guardian of:**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YEAR MONTH DAY

Date of Birth

**Complete Immunization:**

- Record of vaccinations attached
- Record of vaccinations unavailable

**Incomplete Immunization:**

- My child has had some vaccinations
- My child has had no vaccinations
- I do not know

**If available, please attach a photocopy of your child's vaccination record to this form.**

For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**THIS IS AN IMPORTANT NOTICE.  
PLEASE HAVE SOMEONE TRANSLATE IT.**

<b>AMHARIC</b> <i>(Ethiopia)</i>	ይህ ጠቅላላ ግንባታውያ ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት።
<b>BURMESE</b>	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်ခိုင်းပါ။
<b>CHINESE</b>	這是一份重要通告，請找人為您翻譯。
<b>CROATIAN</b>	OVO JE VAŽNO OBAVJEŠTENJE, ZAMOLITE NEKOGA DA VAM GA PREVEDE.
<b>FRENCH</b>	CECI EST UN AVIS IMPORTANT. PRIERE DE LE FAIRE TRADUIRE.
<b>HINDI</b>	यह एक बहुत जरूरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
<b>ITALIAN</b>	QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.
<b>KHMER</b> <i>(Cambodia)</i>	នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់មួយ សូមអ្នកអង្កេតមកបកប្រែជូនអ្នក ម
<b>KOREAN</b>	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
<b>PERSIAN</b> <i>(Iran)</i>	این یک اطلاعیه مهم است. لطفاً از کسی بخواهید آن را برای شما ترجمه کند.
<b>POLISH</b>	TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
<b>PUNJABI</b>	ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਵੋ।
<b>SERBIAN</b>	OVO JE VAŽNO OBAVEŠTENJE, ZAMOLITE NEKOGA DA VAM GA PREVEDE.
<b>SOMALI</b>	KANI WAA OGEYSIIS MUHIIM AH. FADLAN QOF HA KUJ TURJUMO.
<b>SPANISH</b>	ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.
<b>TAGALOG</b> <i>(Philippines)</i>	ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
<b>VIETNAMESE</b>	ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỎ NGƯỜI DỊCH GIÚP.

Personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and Protection of Privacy Act. Statistical information may be provided to the Ministry of Health Services for healthcare planning, program evaluation and quality improvement purposes. If you have any questions about the collection and use of this information, contact your local public health nurse or VCH’s Information Privacy Office at 604.875.5568 or email us at [privacy@vch.ca](mailto:privacy@vch.ca)

For vaccination schedules and more information  
Call your local public health nurse or go to [www.immunizebc.ca](http://www.immunizebc.ca)

**Community Health Centres in Vancouver Coastal Health**

<b>Vancouver</b>					
<b>Evergreen</b> 3425 Crowley Dr 604.872.2511	<b>Raven Song</b> 2450 Ontario St 604.709.6400	<b>Robert and Lily Lee Family</b> 1669 East Broadway 604.675.3980	<b>Pacific Spirit</b> 2110 West 43rd Ave 604.261.6366	<b>South</b> 6405 Knight St 604.321.6151	<b>Three Bridges</b> 1290 Hornby St 604.736.9844
<b>Richmond</b>					
8100 Granville Ave 604.233.3150	<b>North and West Vancouver</b> 604.983.6700		<b>Squamish</b> 1140 Hunter Place 604.892.2293 or 1.877.892.2231	<b>Whistler</b> 202 - 4380 Lorimer Rd 604.932.3202	<b>Pemberton</b> 1403 Portage Road 604.894.6939
<b>Coastal</b>					
<b>Gibsons</b> 494 South Fletcher Rd 604.886.5600	<b>Sechelt</b> 5571 Inlet Ave 604.885.5164	<b>Pender Harbour</b> 5066 Francis Peninsula Rd 604.883.2764	<b>Powell River</b> 3rd Floor, 5000 Joyce Ave 604.485.3310		
<b>Central Coast</b>					
<b>Bella Coola:</b> 250.799.5722		<b>Nuxalk:</b> 250.799.5441	<b>Hailika’as Heiltsuk Waglisla:</b> 250.957.2308		



**PLEASE DOWNLOAD AND SAVE THE FORMS TO YOUR COMPUTER**

You are almost done!

The final step is to **SAVE** and submit this e-form directly to the centre you are enrolling your child in.

**Sir Charles  
Kingsford-Smith**

**School**  
6901 Elliott St  
Vancouver, BC  
V5S 2N1

T 604 325 1010  
F 604 325 1039

Click on the centre's button below and select your preferred email method or email it directly to the center's email address.

Should you have any questions, please contact your centre supervisor.

*Thank you for enrolling your child to Spare Time Child Care Society.*

Click on the centre's button to submit the registration form:

Spare Time II @ Laurier School (7350 Laurel Street) click here:  
[sparetimeii@sparetimesociety.org](mailto:sparetimeii@sparetimesociety.org)

Spare Time Bobolink @ Oppenheimer School (2421 Scarboro Ave) click here:  
[oliver@sparetimesociety.org](mailto:oliver@sparetimesociety.org)

Spare Time Challenge Club @ Kingsford-Smith School (6901 Elliott Street) click here:  
[astrid@sparetimesociety.org](mailto:astrid@sparetimesociety.org)

Spare Time Clubhouse @ General Wolfe School (4251 Ontario Street) click here:  
[clubhouse@sparetimesociety.org](mailto:clubhouse@sparetimesociety.org)

Spare Time Connection @ David Livingstone School (315 23rd Ave East) click here:  
[clubhouse@sparetimesociety.org](mailto:clubhouse@sparetimesociety.org)

Spare Time Treehouse @ David Livingstone School (315 23rd Ave East) click here:  
[clubhouse@sparetimesociety.org](mailto:clubhouse@sparetimesociety.org)

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