



CREATIVE KIDS BEFORE AND AFTER SCHOOL CARE

REGISTRATION FORM

NAME OF CHILD:	
BIRTHDATE: (Day/Month/Year)	USUAL NAME OF CHILD (IF DIFFERENT):

PERSONAL INFORMATION	
GENDER	START DATE:
ADDRESS:	PHONE NUMBER:
PARENT OR GUARDIAN:	PARENT OR GUARDIAN:
ADDRESS (IF DIFFERENT)	ADDRESS (IF DIFFERENT)
HOME PHONE (IF DIFFERENT):	HOME PHONE (IF DIFFERENT)
WORK ADDRESS/ALTERNATE LOCATION	WORK ADDRESS/ALTERNATE LOCATION
PHONE (INCLUDE LOCAL)	PHONE (INCLUDE LOCAL)
CELLULAR/PAGER:	CELLULAR/PAGER:
PERSON(S) WHOM CHILD LIVES WITH:	PERSON(S) WHOM CHILD LIVES WITH:

EMERGENCY HEALTH INFORMATION			
CARE CARD NUMBER:			
FAMILY DOCTOR/CLINIC NAME:		FAMILY DENTIST/CLINIC NAME:	
ADDRESS:	PHONE:	ADDRESS:	PHONE:

CONSENT FOR EMERGENCY CARE	
I authorize the staff at the child care center to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), <u>if the parent cannot immediately be reached.</u>	
SIGNATURE OF PARENT/GUARDIAN:	DATE:
MANAGER OF FACILITY:	

PERSON(S) AUTHORIZED TO PICK UP CHILD (other than parent/guardian listed above)		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

PERSON(S) NOT AUTHORIZED TO PICK UP CHILD		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

CUSTODY AGREEMENT:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, SUPPLY A COPY OF THE CUSTODY ORDER TO THE FACILITY/LICENSEE		

ALTERNATE PERSON(S) TO CALL AND PICK UP CHILD IN CASE OF <u>EMERGENCY</u>		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

* Please let these people know they are your child's emergency contact.

CHILD'S IMMUNIZATION STATUS (Please record dates (Year/Month/Day) or attach copy of immunization)					
IS YOUR CHILD IMMUNIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DIPHTHERIA	PERTUSSIS	TETANUS	POLIO	MMR (Measles/Mumps/Rubella)	HIB
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.		
4.	4.	4.	4.		
5.	5.	5.	5.		
COMMENTS:					

HEALTH INFORMATION (Please attach a separate sheet, if necessary)

REGULAR MEDICATION(S) AND REASONS FOR (PLEASE LIST):

ALLERGIES AND TREATMENT OF (PLEASE LIST):

INJURY(S), ILLNESS(ES) OR OPERAITONS YOUR CHILD HAS HAD AND INCLUDE DATE(S):

- a. Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.)

- b. Please describe any concerns you may have regarding your child's development (i.e., behaviour, vision, hearing, speech, language, mobility, etc.):

- c. Describe any specific care instruction regarding a) and/or b):

LIST OTHER HEATH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE (E.G. PHYSICAL THERAPISTS, OCCUPATIONAL THERAPITS, ETC.)

GROUP EXPERIENCES

WHAT IS/ARE YOUR CHILD'S FAVOURITE ACTIVITIES:

HAS YOUR CHILD HAS PREVIOUS GROUP EXPERIENCE?
IF YES, HOW DID HE/SHE ADAPT?

Yes

No

HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN (E.G., SEEKS OTHERS OUT, FEELS SHY):

EMOTIONAL

HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR IN UNFAMILIAR SITUATIONS?

DOES YOUR CHILD HAVE ANY PAJRTICULAR FEARS? PLEASE DESCRIBE:

WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER?



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PERMISSION FORM AND PARENT'S AGREEMENT

I, _____, give permission for my child, _____
to take part in the following: (Please initial below):

- Supervised Field Trips on Professional Days (when applicable). All outside trips will be noted in each monthly newsletter.
- Nature Walks around neighbourhood.
- Photographs taken of my child that may be used for our website or projects in the classroom.

Parent(s), please sign: _____

**** PLEASE INITIAL WHERE INDICATED ****

In case of injury to my child while in the care of Creative Kids Before and After School Program, I hereby waive all claims against the school in excess of public liability insurance (\$2,000,000) carried by Creative Kids Before and After School Program.

Please Initial: ▶ ()

I agree to submit post-dated cheques for September (or month child starts) to June and to give **one full month's notice** of withdrawal of my child from Creative Kids Before and After School Program. After the 30-day notice has been received, we will return all unused cheques. There will be a \$20.00 charge on all returned (N.S.F.) cheques.

Please Initial: ▶ ()

A \$35.00 registration fee is required to ensure your child a place and is not refundable.

Please Initial: ▶ ()

There will be no refund on monthly fees or any portion thereof, regardless of sickness, school holidays or family vacations.

Please Initial: ▶ ()

Cancellation Notice

One full calendar's month must be given for withdrawal of your child. There will be no withdrawals after March 31st.

Please Initial: ▶ ()

I have read and understood the policies and procedures as set forth in the Creative Kids' Parent Handbook.

Please Initial: ▶ ()

Signed: _____

Date: _____