

ST. PATRICK'S ELEMENTARY SCHOOL
BEFORE AND AFTER SCHOOL CARE REGISTRATION FORM
ONE FORM MUST BE COMPLETED FOR EACH CHILD

CHILD'S NAME: _____ GRADE: _____

ADDRESS: _____

GENDER: _____ DATE OF BIRTH (Y/M/D): ____/____/____

DO YOU REQUIRE FULL TIME ____ OR DROP IN ____ (PLEASE CHECK ONE)
BEFORE SCHOOL CARE: _____
AFTER SCHOOL CARE: _____
BOTH: _____

PARENTS/GUARDIANS

Mother's name: _____ Email: _____

Father's name: _____ Email: _____

Mother's Phone # Home: _____ Work: _____ Cell: _____

Father's Phone # Home: _____ Work: _____ Cell: _____

\$25 Application Fee (non-refundable) attached: _____

There will be a \$20 charge for NSF cheques.

DATE OF ENROLLMENT: ____/____/____ (Y/M/D)

Please attach a copy of immunization records. Your child's immunization form can be obtained from the Vancouver Island Health Authority.

St. Patrick's Elementary School provides a licensed program for those parents who need Before and After School Care.

The Before School Care Program runs from 7:30 to 8:40am

The After School Care Program runs from 3:00 to 5:30pm

One month's written notice is required if you withdraw your child from the Child Care Program. If this notice is not received you will be charged as additional month's fee. Upon acceptance, a direct debit form or void cheque must be on file in the school office. Please note: Before and After school charges are an **annual fee**, which have been divided into 10 equal payments. There are no reductions for shorter months or holidays

Initial

EMERGENCY HEALTH INFORMATION

Personal Health Number (Care Card): _____

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Dietary Concerns: _____

Medical Alert: _____

Allergies or Medical Concerns: _____

Indicate any accidents, or medical disabilities your child has had (give dates):

Please attach a copy of your child's immunization record. Your child's immunization record can be obtained from the Vancouver Island Health Authority.

EMERGENCY CONSENT:

It is the policy of this center to notify a parent/guardian when a child is seriously ill or injured and is in need of medical attention. Occasionally we cannot contact parents and we need to get immediate help for your child.

When I cannot be contacted I hereby give my consent for my child _____
To be taken to the nearest hospital. A staff member will accompany my child in the ambulance and I agree to meet the ambulance at the hospital.

Signature of Parent/Guardian

Name (please print)

Date: _____

For office use only

Date received: _____

\$25 Application Fee Received: _____

Accepted: Yes _____ No _____

CHILD CARE REGISTRATION FORM
(Continued)

PARENT/GUARDIAN

Mother's Name: _____

Place of Work: _____ Phone: _____

Father's Name: _____

Place of Work: _____ Phone: _____

ALTERNATE PERSON TO CALL/PICK UP IN CASE OF AN EMERGENCY

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

**PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS)
AUTHORIZED TO PICK UP CHILD FROM FACILITY**

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PERSONS NOT PERMITTED ACCESS TO CHILD

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Are there custody orders? Yes _____ No _____ If yes, please attach

NAMES OF OTHER CHILDREN LIVING AT HOME

Name: _____ Date of Birth ____ / ____ / ____ (Y/M/D)

Name: _____ Date of Birth ____ / ____ / ____ (Y/M/D)

Has Child Had previous Experience away from Home? (Daycare, Preschool, Sunday School, etc....) Yes: _____ No: _____

If yes, explain: _____

Where: _____ Dates of Attendance: _____

Do you think your child feels comfortable leaving parents? Yes _____ No _____

Explain: _____

Does your child have any known health problems/Medical disabilities?

Yes _____ or No _____ Explain: _____

CHILD CARE REGISTRATION FORM
(Continued)

List any Communicable Diseases child has had: _____

Has he/she had any recent illness? Yes ____ or No ____

If yes Explain: _____

Any known Allergies? Yes ____ or No ____

If yes, please list: _____

If yes, attach special instructions to follow in the event of an allergic reaction.

What is your child's eating habit? _____

Favorite Foods: _____

Strong Dislikes: _____

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

**I HEARBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A
MEDICAL PRACTITIONAR OR AMBULANCE FOR MY CHILD IN THE CASE OF
ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATLEY BE REACHED.**

PARENT/GUARDIAN SIGNATURE _____

DATE _____