

Community Child Care Inc.

Before and After School Care Registration Form

Child's Name:

Surname

Given Name

Child's Date of Birth:

Month

Day

Year

F

M

Address:

Street Number and Name, Apartment or Suite

City

Province

Postal Code

Alberta Health Care Number:

Family Doctor:

Name

Phone Number

Please list any allergies or medical concerns:

Is your child on any regular medications? Please provide details:

Are your child's immunizations up to date?

Please provide copy of immunization record.

Mother/Guardian Name:

Surname

Given Name

Phone Number:

Home Phone Number

Business Phone Number

Cell Phone Number

Address (if Different from Above):

Street Number and Name, Apartment or Suite

What expectations do you have in a child care program?

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What activities is your child interested in?

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- I hereby grant permission for my child to use all the play equipment and participate fully in all of the activities at the Centre.
- I hereby grant my permission for my child to leave the program premises under the supervision of a certified staff member for neighbourhood walks.
- I hereby grant my permission for my child to be included in evaluations connected to Community Child Care Inc.
- I hereby grant my permission for the Director or Acting Director to take any necessary steps to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:
 1. Attempt to contact a parent or guardian
 2. Attempt to contact the child's physician
 3. Attempt to contact you through any of the persons listed on this form
 4. If we cannot contact you, your child's physician, or your emergency contact, or it is unreasonable to do so, we will do any or all of the following:
 - a) Call another physician
 - b) Call an ambulance
 - c) Have the child taken to an emergency hospital or clinic in the company of a staff member
 5. Any expense incurred under section 4, will be borne by the child's family
 6. The program will not be responsible for anything that may happen as a result of false information given at the time of registration
 7. Please send any changes to the office as soon as possible
 8. I acknowledge that I received and read the Before and After School Handbook/Discipline Policy

I agree to give one month's written notice before withdrawing my child from the out of school care program.

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Mother/Guardian Signature

Date

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Father/Guardian Signature

Date