

STAFF USE ONLY

DATE STARTED: _____ DATE DISCHARGED: _____



Childs Name:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth:	Grade:
Address:	City: Christian Island
Province: Ontario	Postal Code: L9M0A9

PARENT/ GUARDIAN INFORMATION

Mother's Name (Guardian):	
Address:	
Home phone:	Cell:
Email Address:	
Workplace Address:	
Workplace Phone #:	

Fathers Name (Guardian):	
Address:	
Home Phone:	Cell:
Email Address:	
Workplace Address:	
Workplace Phone #:	

CHILD'S EMERGENCY CONTACT INFORMATION (Please provide 2 emergency contacts)

Please get permission from the emergency contacts before you add their names.

Name:	Relation:
Address:	Home phone:
Workplace:	Work Phone #:
Name:	Relation:
Address:	Home phone:
Workplace:	Work phone #

Medical Information

Allergies/Food intolerances:
(if your child requires an EPI-PEN due to life threatening allergies please fill out required forms)
Medical Problems:
Does your Child take Daily Medication <input type="checkbox"/> Yes <input type="checkbox"/> No
(If Yes, Please fill out a medication Consent Form)

<u>Circle Which Program you would like your child to participate in:</u>			
Morning Program	After School Program	Summer Program	Both

<u>Circle Which Days AND TIME you are Requesting Service:</u>					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME:					
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

Authorization For Pick-Up

- Your child will only be released to an authorized persons listed on this form (parent/guardian and emergency contacts) In case of an emergency or unforeseen circumstances, please indicate other persons who you authorize to pick up your child on your behalf.

Name:	Address:	Phone #
Name:	Address:	Phone#

**Please Submit an updated copy of your child's
Immunization record, and Status Card!**

(Please check one)

My child is.....

Status

Non- Status

Parent/Guardian Signature

Date