



CREATIVE KIDS Before & After School Program

REGISTRATION FORM

Start Date: _____ (day / month / year)

Name of Child: _____ Date of Birth: _____
dd / mm / yr

Name Child Responds To: _____ Gender: M / F (circle one)

Address: _____ Home No.: () _____

City: _____ Postal Code: _____

Mother's Name: _____ Business Phone: () _____

Employer _____ Cellular or Pager: () _____

Family E-Mail Address: _____

Father's Name: _____ Business Phone: () _____

Employer _____ Cellular or Pager () _____

Person(s) whom child lives with:

If there is a Custody Agreement, please supply a copy of the Custody Order

Person(s) Authorized to pick up child from school care (other than Parent/Guardian listed above):

Name: _____

Relationship: _____

Phone No.: _____

Person(s) **NOT** Authorized to pick up child from school care:

Name: _____

Relationship: _____

Phone No.: _____

Alternate Person(s) to call and pick up child in case of an **EMERGENCY**

Name: _____

Relationship: _____

Phone No.: _____

Address: _____

HEALTH INFORMATION

Care Card Number: _____

Family Doctor / Clinic Name, Address, Phone No.:

Family Dentist / Clinic Name, Address, Phone No.:

CONSENT FOR EMERGENCY CARE.

I authorize the staff at the child care centre to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.

Signature of Parent/Guardian _____ Date: _____

Signature of Manager of Facility: _____

**Immunization dates (day/month/year) must be filled in.
Check marks are not acceptable.**

Age	Diphtheria, Pertussis, Tetanus, Polio, Hib	Pneumococcal	Hepatitis B	MMR	Meningococcal C	Inactivated Poliovirus Vaccine (IPV)
2 months				n/a	n/a	
4 months				n/a	n/a	
6 months				n/a	n/a	
12 months	n/a	n/a	n/a			
18 months			n/a		n/a	
4-6 years		n/a	n/a	Or @ 18 mths	n/a	

Please list regular Medication(s) (if any) and reason for same:

1. _____
2. _____

Please list any Allergies and Treatment of same:

1. _____
2. _____
3. _____

Does your child have any special needs that we need to be aware of? Please explain in depth and add any necessary documentation.

Please describe any concerns/issues regarding your child's health and development (Seizures, Asthma, Vision, Hearing, behaviour, speech, language, mobility etc.).

Describe any specific care Instructions regarding the above concerns/issues:

Other Health Care Professionals involved in your child's life, (i.e., Occupational, Therapist, Physical Therapist, Counsellor):

GROUP EXPERIENCES

What is/are your Child's favourite activities?

Has your Child had previous group experiences?

(If yes, how did he/she adapt?)

How does your child behave toward other children (i.e. Seeks others out, feels shy):

FAMILY AND GENERAL HOUSEHOLD INFORMATION

Please list the names of the significant people in your child's life (i.e., Siblings, Grandparents, etc.)

Name / Relationship

Primary language spoken in the home: _____

Other languages: _____

Please add any additional comments that you feel will help us know your child better. Thank you very much for your help.

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION

Signature

Print Name

Date (dd/mm/yr)

FACILITY USE ONLY *(Staff person reviewing family's document:*

Signature

Print Name

Date (dd/mm/yr)

Child's Withdrawal Date: _____

Reason for withdrawal: _____

CREATIVE KIDS BEFORE & AFTER SCHOOL PROGRAM
PERMISSION FORM AND PARENT'S AGREEMENT

I, _____, give permission for my child, _____
to take part in the following:

Please initial each space below.

*Supervised Field Trips on Professional Days (when applicable). All outside trips will be noted in each monthly newsletter. **INITIAL PLEASE** _____

*Nature/Community Walks around neighbourhood. **INITIAL PLEASE** _____

*Photographs taken of my child that may be used for our website or projects in the classroom. **INITIAL PLEASE** _____ Please visit www.creativekidspreschool.ca to view.

Parent(s), please sign _____

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

I agree to submit post-dated cheques for September (or month child starts) to June and to give **one full month's written notice before the 1st of the following month** to withdraw my child from Creative Kids School Program. After the 30-day notice has been received, we will return all unused cheques. There will be a \$25.00 charge on all returned (N.S.F.) cheques. **Please Initial ==> (____)**

A \$25.00 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 hereof, 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: _____