



# REGISTRATION FORM

## STUDENT INFORMATION

Child's Name : \_\_\_\_\_ Male  Female

Child's Date of Birth : \_\_\_\_\_ Grade : \_\_\_\_\_

## PARENT INFORMATION

Parent's Name : \_\_\_\_\_ Mother  Father

Phone: Work : \_\_\_\_\_ Cell : \_\_\_\_\_

Address : \_\_\_\_\_

Email : \_\_\_\_\_

Parent's Name : \_\_\_\_\_ Mother  Father

Phone: Work : \_\_\_\_\_ Cell : \_\_\_\_\_

Address : \_\_\_\_\_

Email : \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Emergency Contact #1 Name : \_\_\_\_\_

Cell : \_\_\_\_\_

Emergency Contact #2 Name : \_\_\_\_\_

Cell : \_\_\_\_\_

Authorized person to whom your child may be released (**other than parents**) :

1. \_\_\_\_\_ 2. \_\_\_\_\_

## EMERGENCY CARE INFORMATION

Family Doctor : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Are your Child's Immunizations up to date? Yes  No

Does your child have any allergies? Yes  No

If yes, please list, along with possible reactions:

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Does your child have health concerns or take regular medication? Yes  No

If yes, explain: \_\_\_\_\_

I give the permission to provide emergency Child First Aid care, Yes  No

to contact 911 if needed and pay the fees.

## OUT OF SCHOOL CARE PROGRAM

Choose : Before  After  Before & After  Friday

- **Before:** The monthly fees are 200\$. This program runs from 7am to 8:30 am and includes PD days.
- **After :** The monthly fees are 335\$. This program runs from 3pm to 6pm (1:20 pm to 5pm on Friday and PD days) and includes PD days.
- **Before & After :** The monthly fees are 425\$ including PD days.
- **Early Friday only :** 30\$
- **Non-refundable registration fees :** 50\$

**Monthly fees are due on the 1<sup>st</sup> of the month** and no credit is provided for missed days. **A penalty of 15,00\$ for the first 15 minutes/child and 30\$ for every 15 minutes interval thereafter will be charged if the children are not picked up by 6:00 p.m (5:00 p.m on Friday and PD days). There is a \$25.00 charge for all NSF Cheques.**

## REGISTRATION DATE AND SIGNATURE

I hereby declare that the information I have provided is correct, that I have read and understand the Registration Form, agree pay all registration fees and follow the stated guidelines and policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If any of the above information changes during the course of the program, please update this registration form.**