

# St. Martin's Out Of School Care Child Care Registration 2018/2019

This information will also be used in the Portable Emergency Information Binder, which is used when we leave the premises.

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

(Including postal code and Legal Land Description if is a rural address)

Home Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Mother's Legal Address: \_\_\_\_\_

(Including postal code and Legal Land Description if is a rural address)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

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

Employment Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Father's Legal Address: \_\_\_\_\_

(Including postal code and Legal Land Description if is a rural address)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

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

Employment Phone: \_\_\_\_\_

**Emergency Contact (must be local contact):**

Name: \_\_\_\_\_

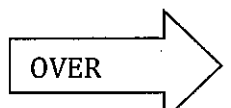
Legal Address: \_\_\_\_\_

(Including postal code and Legal Land Description if is a rural address)

Phone: \_\_\_\_\_

Newsletters will be sent home with children. **Invoices will be emailed to the address below:**

Email for Invoices: \_\_\_\_\_



## Medical History:

Are your Child's Immunizations up to date: Yes \_\_\_ No \_\_\_

Is your child receiving medication on an ongoing basis? Yes \_\_\_ No \_\_\_

If YES name the medication and describe its purpose:

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Is your child allergic to any medication? Yes \_\_\_ No \_\_\_

If YES, please name medications:

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Does your child have any food allergies? Yes \_\_\_ No \_\_\_

If YES, please list:

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Who will regularly be picking up your child? \_\_\_\_\_

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Is there any information regarding your child that you feel we should know? \_\_\_\_\_

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I have read the Parent Handbook & Policy Manual. Yes \_\_\_ No \_\_\_

I understand that my child will not be released to anyone other than myself without prior authorization. Yes \_\_\_ No \_\_\_

I hereby give my permission for the staff of St. Martin's Out of School Care to obtain necessary medical aid for my child in case of illness and/or injury. Yes \_\_\_ No \_\_\_

I consent to the enrollment of my child in the St. Martin's Out of School Care and agree that this program or staff will not be held responsible in case of sickness or injury to my child while in attendance at the Child Care Facility or in transit to and from the facility.

Yes \_\_\_ No \_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_