

St. Martin's Out Of School Care Child Care Registration 2019/2020

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: _____

OVER 

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:

Is your child allergic to any medication? Yes ___ No ___

If YES, please name medications:

Does your child have any food allergies? Yes ___ No ___

If YES, please list:

Who will regularly be picking up your child? _____

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

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: _____