

Out of School Care Child Care Registration 2020/2021

This information will also be used in the Portable Emergency Information Binder.

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 (And mailing address if different from 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 (And mailing address if different from above:

(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: _____

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 program 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 such as on outings within the community like walks to local playground.

Yes _____ No _____

Parent's Signature: _____

Date: _____

Program Coordinator's Signature: _____

Date: _____