

Grace Kidz Registration Form

Child's Name (First, Middle, Last) _____

Child's Date of Birth: _____

Gender: Male Female

Location of Birth (City & Province): _____

Days in the week you require this service:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

School Grade: _____ Name of School: _____

Allergies: ☐ yes ☐ no

If yes, please state:

Medical Conditions: ☐ ☐ yes no

If yes, please state:

Family Doctor's name, or preferred walk-in clinic in the case of an emergency:

Name: _____ Number: _____

Parent/Guardian Information

Mother: _____ Cell: _____

Father: _____ Cell: _____

Preferred Email: _____

Home Address: _____

Postal (if different): _____

Religious Affiliation or Church (if applicable): _____

Start day in centre (MMM/DD/YYYY): _____

End date in centre (MMM/DD/YYYY): _____

Other children living in the home:

Name	Age and Date of Birth	School

Other adults who live in the home (name and relation to child):

Pick Up:

Please provide the following information for the people who are **authorized to pick up your child** from Grace Kidz Afterschool:

Each authorized person will still be required to show their driver's license when they pick up your child.

First and Last name	Phone number	Relationship to child
1		
2		

3		
4		

In the case that you have people that are restricted from picking up your child(ren), please list them in the box below (leave blank if this does not apply):

Name	Relationship to child

Transportation:

Permission for staff to pick up your child from BX Elem. and walk to Grace Bible Church:

Agree Disagree

Photos

Permission for staff to take photos of your child and use the photos for advertising and creating highlight videos:

Agree Disagree

Medication

Is your child on any medication? If so, please list the medications:

If any of the medication needs to be taken during the program, please let the staff know so that we can give you a 'permission to administer medication' form.

Previous After-School Care

Has your child previously attended any after school care/daycare? If yes, when and where?

Were there any problems attending those programs?

Have there been any significant changes in your child's life? (ie: divorce of parents,

moving, death of a family member)

How did you hear about Grace Kids After school program?

Please provide a cell phone number we can text for daily information:

Child's Immunization status: **full** **partial** **none**

If your child does not have a complete immunization record, they may still attend our program, but we may require that your child does not attend the program in the event of a communicable disease outbreak.

I have read the parent handbook and filled out all information in this registration to the best of my knowledge, and I will provide the following items to complete this registration at Grace Kidz After School:

1. Void Cheque
2. Completed pre-authorized payment form
3. Other forms that may apply (custody forms, care plan, medical administration form..)
4. \$50.00 cheque or cash registration fee
5. Completed Emergency Card with photo identification

Signature: _____ Date: _____

Please note that your child will not be permitted to attend the program unless we receive all forms and information specified on this list.

Please fill out the emergency card below. We will keep this in the first aid bag.

EMERGENCY CARD

Child's name: _____

Date of Birth: _____

Height: _____ Weight: _____

Hair Colour: _____

Other Identifiable characteristics

(birth marks, scars, etc): _____

BC Care Card Number: _____

Family Doctor's Name: _____

Doctor's phone number: _____

Do staff have permission to call an ambulance before contacting you?: yes no

Do staff have permission to release your child to medical personnel?: yes no

Mother's cell number: _____ Work: _____

Father's cell number: _____ Work: _____

Emergency contact person (we will contact this person if we cannot get a hold of either parent)

Name: _____ Cell: _____

(please inform this person that they are you child's emergency contact)

Child's Photo

Please attach a
clear,