



Registration Form - Updated Sept 2011

Child's Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:	
Health Care Number:	
Parent Name(s):	
Child's Address: Postal Code:	
Child's Telephone:	

**Place where parents can be reached
If information different from above please complete below**

Name:	Name:
Address: Postal Code:	Address: Postal Code:
Telephone: Cell phone: E-mail:	Telephone: Cell phone: E-mail:

Emergency contact to whom the child can be released

Name:	Name:
Address: Postal Code:	Address: Postal Code:
Telephone: Cell phone: E-mail:	Telephone: Cell phone: E-mail:

Other health information

Family Physician & Telephone #:
Allergies:
On Going Medication:
Is Child's Immunization Up To-date?

Alternate Pick- Up Consent

All children are required to be signed out by a responsible adult. The Centre is not legally responsible if your child has not been signed out properly.

People who have my permission (in addition to my emergency contact) to pick up my child from McLeod Out-of- School Care:

List of People Authorized to Pick-up

Name	Relationship to Child

I will inform a staff member ahead of time in writing if my child will be picked up by someone other than those listed above.

I understand that if I do not notify the Centre of any changes in an alternate pickup person that my child will not be permitted to leave with that person.

I understand that my child will not be allowed to walk home alone, be sent home alone in a taxi, or be released to anyone under the age of 18 years of age according to licensing requirements.

Staff are not permitted to transport children in their own vehicles.

For cases of separation/divorce:

I have listed below all names of persons who are "legally restricted" access/contact with my child due to a Court/Separation Agreement. Please be aware that McLeod Community Out-of-School Care has no right to deny one parent access over another without written authority from the courts to do so.

A copy of the relevant Court Order or Separation Agreement must be attached. It is the responsibility of the parent to inform centre staff, in writing, of any changes, and to provide a copy of the amended court order immediately.

Names of "legally restricted" access/contacts:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

I understand the above policies regarding Alternate Pick Up Consent and will follow them to the best of my ability.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Protecting Your Personal Information

Your child's health information is collected in case of a health emergency and to ensure the safety and well-being of each person involved in our after-school care. This information will only be seen by our staff and will be kept in a secure place. Child specific information will be shared only with parental consent.

Medical and Photography Authorization:

I hereby authorize the staff of McLeod Community Out of School Care to make any and all decisions regarding the emergency treatment of my child(ren). Please note that in the case that an ambulance is needed, the parent of the child must pay the ambulance/medical fees. I also understand they retain the right to use for publicity and

advertising purposes, photographs of children taken at the after-school program. Child's names will not be used with photos.

Daily Transportation & Outdoor activities:

I hereby authorize the staff of McLeod Community Out-of-school Care to take my child from McLeod School after school to the program as well as release them to accompany my child to the playground or soccer field as part of physical activity provided by the Centre.

I _____ parent/guardian have read, understand, and agree with the above and hereby release and discharge all parties associated with this out- of-school care from any and all claims, demands, actions, and cause of action that I/my child(ren) incurs.

Signature: (Parent/Guardian)

_____ Date: _____

\$100.00 Registration fee per child paid Date: _____

Cheque #: _____