CHILDREN COME FIRST ASSOCIATION

Start Date: _____
Finish Date: _____
Update: _____
Child has met the staff_____

Will your child need to be pick up from the school K or Gr.1 only_____

Program Choice: School Age Preschool Toddlers

Time/Class Preference: _____

Name: _____
(Surname) **(Given Names)**

Address: _____ **Postal Code:** _____
Phone Number: _____ **Email Address:** _____
Birth date: _____ **Alberta Health Care #:** _____

Family Doctor: _____ **Phone**: _____
Address: _____
Are Immunization up to date? ___ (**Yes) ___ (No)**

Please list any allergies or medical problems as well as any medications
_____
_____
_____

Please Circle Relationship: **MOTHER** **STEPMOTHER** **GUARDIAN**

Name: _____ **Home Phone:** _____ **Office Phone:** _____

Work Address: _____ **Home Address:** _____

Please Circle Relationship: **FATHER** **STEPFATHER** **GUARDIAN**

Name: _____ **Home Phone:** _____ **Office Phone:** _____

Work Address: _____ **Home Address:** _____

Emergency Contact

1. **Name**:_____ **Relationship:** _____

Phone: _____**Address:** _____

2. **Name:**_____ **Relationship:** _____

Phone: _____**Address:** _____

Persons Authorized to pick up your child:
_____

(Under **NO circumstances** will your child be released to anyone not known to the program.)

Tell us about your Child/Family **(OOSC)**

Cultural Traditions & Celebrations: **(School)**_____

_____ (**Grade)** _____

_____ (**Teacher)**_____

_____ (**Swim Level)**_____

I AGREE to give one month notice on the first day of the month to withdraw my child/children. I understand that if I do not give one months notice I am still required to pay that month's fees and I forfeit my deposit.

I GRANT permission for my child to use all of the play equipment and participate in all activities of the program

I GRANT permission for my child to leave the school premises in an authorized vehicle, under the supervision of a staff member, on fieldtrips and neighbourhood walks.

I GRANT permission for my child to be included in evaluations and pictures connected with the school program.

I GRANT permission for the Director, or staff member, to take whatever steps may be necessary to obtain emergency medical care.

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact you through any of the persons listed on the emergency form you completed for us
4. If we cannot contact you or your child's physician we will do any or all of the following:
    a) Call another physician
    b) Call an ambulance, at the parents expense
    c) Have the child taken to an emergency hospital, in the company of a staff member

The program will not be responsible for anything that may happen as a result of false information given at the time of enrolment. **BE SURE TO FILL OUT ALL AREAS OF THIS FORM CORRECTLY!**

I HAVE READ and agree with the CHILDREN COME FIRST Child Guidance policy ,Potential Health Risk illness Policy and Supervision Policy_____

(signature)

OOSC Only:

I GRANT permission for my child to walk to and from school or bus stop unaccompanied by an adult! * This does not included Kindergarten or Preschool*

I AGREE to be financially responsible for any vandalism my child may do to the building or equipment.

I AGREE to allow the program to share personal information with the school in regards to emergency contacts, or guidance methods.

I HAVE READ ALL OF THE INFORMATION AND AGREE WITH THE POLICIES AND HAVE FILLED THE FORM OUT CORRECTLY!

_____

MOTHER/GUARDIAN SIGNATURE DATE

_____

FATHER/GUARDIAN SIGNATURE DATE