CHILDREN COME FIRST ASSOCIATION

Start Date:	Will your child need to be pick up from
Finish Date:	the school K or Gr.1 only
Update: Child has met the staff	
Program Choice: School Age Pr	reschool
Time/Class Preference:	
Name:	
(Surname)	(Given Names)
Address:	Postal Code:
Phone Number:	Email Address:
Birth date: Alb	perta Health Care #:
Family Doctor:	Phone:
Address:	
Are Immunization up to date? (Ye	es) (No)
Please list any allergies or medical p	roblems as well as any medications
Please Circle Relationship: PARENT	STEP PARENT GUARDIAN
Name: Home I	Phone: Office Phone:
Work Address:	Home Address:
Please Circle Relationship: PA	ARENT STEP PARENT GUARDIAN
Name: Ho	ome Phone: Office Phone:
Work Address:	Home Address:
Emergency Contact	
	Deletienskin
1. Name:	Relationship:
Phone:Address	s:
2. Name:	Relationship:
Address	S:
Persons Authorized to pick up your o	child:
(Under NO circumstances will your chi	ild be released to anyone not known to the program.)
— —	(0.000)
Tell us about your Child/Family	(OOSC)
Cultural Traditions & Celebrations:	(School)
	(Grade)
	(Teacher)
	(Swim Level)

I AGREE to give TWO months' notice on the first day of the month to withdraw my child/children. I understand that if I do not give TWO months' notice I am still required to pay BOTH 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	e CHILDREN COME FIRST Child Guidance policy
(signature)	

OOSC Only:

I GRANT permission for my child to walk to and from school or bus stop <u>unaccompanied</u> by an adult! * This does not include 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!

PARENT/GUARDIAN	SIGNATURE	DATE
PARENT/GUARDIAN	SIGNATURE	DATE