

## **CHILDREN COME FIRST ASSOCIATION SCHOOL AGE PROGRAMS**

Program Location \_\_\_\_\_ Components Attending AM Lunch PM Please Circle

Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_ Updated \_\_\_\_\_

Child's Name: \_\_\_\_\_

(Surname)

(Given Names)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthdate: Day/Month/ Year \_\_\_\_\_ Alberta Health #

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

List all allergies, medical /conditions and ALL medications – if none, please note - None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle Relationship Parent Step Parent Guardian

Name: \_\_\_\_\_ Home/Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle Relationship Parent Step Parent Guardian

Name: \_\_\_\_\_ Home/Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (Must be different than above)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone : \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone : \_\_\_\_\_ Address: \_\_\_\_\_

Persons authorized to **Pick Up** your child from the program: \_\_\_\_\_

(Under not circumstances will your child be released to anyone not known to the program)

Tell us about your Child/Family

Cultural Traditions and 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. Pre-paid deposit will be forfeited without 2 months' notice.

**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 neighborhood 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 medical care.

Staff will assess the child. Emergency – call 911. Non-emergency:

Attempt to contact parent or guardian

1. Attempt to contact child's physician;
2. Attempt to contact you through any of the persons listed on the emergency form you completed for us;
3. 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 parent's expense;
  - c) Have the child taken to a medical facility, in the company of a staff member

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

**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.

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 COMPLETE ALL AREAS OF THIS FORM CORRECTLY! I HAVE READ ALL OF THE INFORMATION AND AGREE WITH POLICIES AND PROCEDURES. I HAVE READ** and agree with the CHILDREN COME FIRST Child Guidance Policy \_\_\_\_\_

**(signature)**

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PARENT/GUARDIAN  
DATE

SIGNATURE

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PARENT/GUARDIAN  
DATE

SIGNATURE