

CHILDREN COME FIRST ASSOCIATION SCHOOL AGE PROGRAMS

Program Location _____ Components Attending AM 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

Immunizations up to date: Yes or No

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)

PARENT/GUARDIAN
DATE

SIGNATURE

PARENT/GUARDIAN
DATE

SIGNATURE