

Three Hills School Age Program REGISTRATION FORM

Commencement Date: _____ Program: _____

FAMILY INFORMATION

Child's Name: _____

Street Address: _____ City: _____

Date of Birth: _____ Sex: _____
Year/Month/Day

	Parent/ Guardian	Parent/Guardian
Name		
Relationship		
Home Street Address		
City		
Box # and Postal Code		
Home Number		
Work Number & Ext #		
Cell Number		
Can you receive calls at work		
Employer		
Work Address		
Hours of work		
Email Address		

Siblings Names and Ages: _____

AUTHORIZATION TO PICK-UP AND DROP OFF

NAME OF PERSON(S) AUTHORIZED TO SIGN YOUR CHILD IN AND OUT OF OUR CARE

(Only those persons designated will be allowed to pick-up your child unless prior permission is given by note or phone call. Persons collecting your child will be required to produce picture identification)

	Designated Person	Designated Person	Designated Person
Name			
Relationship			
Street Address			
Home Number			
Work Number & Ext#			
Cell Number			
Email:			

PEOPLE TO CONTACT IN CASE OF EMERGENCY

Please give the name and telephone number of people who can be contacted **during program hours** in case of emergency when parents/guardians are not available.

	Emergency Contact	Emergency Contact
Name		
Relationship		
Home Street Address		
Home Phone Number		
Work Phone Number & Ext #		
Cell Number		

HEALTH INFORMATION

Alberta Health Care #: _____

Physician's Name: _____ Clinic/Office Phone #: _____

Is your child's immunization up to date? _____ Copy Rec'd _____

Has your child had any childhood illnesses? (ie: chicken pox): _____

Does your child have any physical, mental disabilities or medical conditions? Please specify. (ie: seizures, diabetes) _____

Allergies:

Food _____ Reactions: _____

Drugs _____ Reactions: _____

Environmental _____ Reactions: _____

Medication:

What medication, if any, is taken on a regular basis? (Please list with directions)

Will the program be required to administer medication during care hours?: _____

Medication Name: _____

Directions for Administration: _____

Possible Side Effects: _____

BEHAVIORAL GUIDANCE

Parent's usual method of guiding behavior: _____

Child's usual reaction to this guidance: _____

ABSENT PARENTS

Is a legal custody order in place? _____

Copy Rec'd _____

In the event that a custody order is in place, you will be required to provide a copy of your custody order.

	YES	YES, WITH PRIOR PERMISSION	NO
Does the absent parent have permission to visit their child at the programs?	_____	_____	_____
Does the absent parent have permission to pick up their child at the programs?	_____	_____	_____

If the absent parent has permission to pick up their child, please provide the following information:

Name: _____ Relationship: _____
 Physical Address: _____ City: _____
 Home Number: _____ Work Number: _____

PARENT INVOLVEMENT

When you enroll your child in one of your programs operated by the Three Hills School Age Program, you also become a member of the Society. As a non-profit organization we value and encourage parent involvement. Please indicate if you are interested in becoming involved in the Three Hills Early Childhood Society Board of Directors.

_____ YES _____ NO

PARENTAL PERMISSION (Please Initial)

First Aid Permission: I give the Three Hills School Age Program staff to administer First Aid if necessary. _____ YES _____ NO

Emergency Medical Permission: If emergency medical care is deemed necessary, I authorize the Three Hills School Age Program staff in the event that we are unable to contact you, to act on my behalf in granting permission for my child to receive emergency medical treatment. _____ YES _____ NO

Field Trip Permission: I hereby give permission for my child/children to go on field trips and outings accompanied by Three Hills School Age Program staff. _____ YES _____ NO

Photographic Permission: I hereby give permission to have my child appear in any educational and/or media coverage approved by the Three Hills School Age Program. _____ YES _____ NO

DECLARATION

I have read the above and have indicated my response as requested. All information provided in this registration form is true and complete. I will maintain current information with the program and any changes in place of residence, place of employment, home and/or work telephone numbers, persons having access to the children, emergency contact persons, etc., will be reported promptly. Date: _____ Initial: _____

The Three Hills School Age Program is not responsible for children's personal; items that are damaged, lost or stolen.

Date: _____ Initial: _____

I have read the contents of the Parent Handbook Information Handbook and agree to comply with the regulations and policies of the Three Hills School Age Program. Date: _____ Initial: _____

Parents/Guardian Signature

Witness Signature

Date

Date