

View Royal Out of School Care Society

Registration forms for the 2010 / 2011 School Year

Child Info	Last Name	First Name	<input type="checkbox"/> Male
	Birthdate: mth day yr	Child's grade in Sept 2010	<input type="checkbox"/> Female

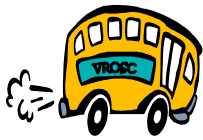
Mother's Information and (Husband, Partner Common-law, etc info)	Last Name	First Name		
	Address			
	City	Postal Code		
	Home Phone	Cell Phone		
	Work Phone	Other		
	Employer	Position		
	Husband/Common-law Last Name	Husband/Common-law First Name		
	Work Phone	Cell Phone		

Father's Information and (Wife, Partner Common-law, etc. info)	Last Name	First Name		
	Address:			
	City	Postal Code		
	Home Phone	Cell Phone		
	Work Phone	Other		
	Employer	Position		
	Wife/Partner/Common-law Last Name	Wife/Partner/Common-law First Name		
	Work Phone	Cell Phone		

Custody Information (if applicable)	If divorced or separated, please complete the following information
	Child's primary address:
	Attach a copy of the Custody/Court Order <i>(this is a legal requirement in order for us to enforce conditions)</i>

Child Access	Is there any person or persons that are not permitted access to your child? (If yes, please print their name below, supply a copy of the documentation and advise our Manager)

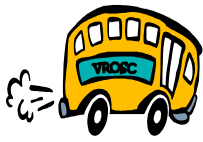
It takes a Community to raise a child.



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<p style="text-align: center;">Medical Information</p> <p>ALL of this information in this section is MANDATORY</p> <p>If it does not apply to you mark it with N/A.</p> <p>If all sections are not completed with comments or N/A your form will be returned and you could lose your space.</p>	Care Card Number			
	Family Doctor		Phone	
	Family Dentist		Phone	
	<input type="checkbox"/> My child is immunized (provide immunization records)		<hr style="border: 0; border-top: 1px solid black;"/> Signature	
	<input type="checkbox"/> We choose not to immunize our child I understand that should there be a suspected or real outbreak of any communicable disease, I have to remove my child from the Centre until Medical staff have agreed that it is safe for them to return		<hr style="border: 0; border-top: 1px solid black;"/> Signature	
	Does your child have and/or had any known health problems or illnesses?			
	Allergies, Special Diets (required for snack purposes):			
	Medications required: (Please supply details; i.e. Asthma, puffer used as required, bee stings use epi pen if stung, etc.)			
	Behavioural concerns (ie. ADHD/ADD)			
	Has your child ever had individualized Support staff in the school or previous daycares, preschool or out of school care?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does your child have a Care Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the Care Plan.			
	Sign here if there are no special considerations.			
<hr style="border: 0; border-top: 1px solid black;"/> Signature				



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Throughout the school year we will be keeping in touch with our families via email (to keep with View Royal Elementary theme of "Going Green") and therefore require at least one and no more than two email addresses.

	MANDATORY INFORMATION
Email Information	Email address for billing purposes.
	Email address for Program notices, registration and general information sent throughout the year.