



Elementary School

**PO Box 520, Prince Rupert, BC. V8J 3R7 Telephone 250- 627-7054 Fax
250- 627-7989**

CHILDCARE REGISTRATION/ EMERGENCY CONSENT FORM

(Section 57 Child Care Licensing Regulations)

CHILD INFORMATION:

Surname		Given Name		Middle Name	
Name Child Responds to		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth yyyy/mm/dd Date		Start yyyy/mm/dd Date:
Street Address			City, Province		Postal Code
Phone No. ()		Child's First Language		Child's Second Language	
Person (s) with whom the child lives					

PARENT/GUARDIAN:

Name		Email Address:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Address				Home Phone Number	
Place of Work		Hours of Work		Work Phone Number Cell #	
Name		Email Address:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Address				Home Phone Number	
Place of Work		Hours of Work		Work Phone Number Cell #	

EMERGENCY CONTACTS & AUTHORIZED TO PICK UP CHILD

Name		Relationship		Phone Number	
Address		Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what language?	
Name		Relationship		Phone Number	
Address		Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what language?	

LIST ANY PERSONS NOT PERMITTED ACCESS

PROVIDE COPIES OF ANY CUSTODY AGREEMENTS YOU WISH US TO BE AWARE OF

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OUT OF PROVINCE CONTACT (If no out of province contact is available list someone out of town if possible):

Name	Relationship	Phone Number
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OTHER CHILDREN LIVING AT HOME:

Name	Birth Date yyyy/mm/dd	Name	Birth Date yyyy/mm/dd
Name	Birth Date yyyy/mm/dd	Name	Birth Date yyyy/mm/dd

HAS CHILD PREVIOUSLY ATTENDED DAY CARE/ PRE-SCHOOL?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility
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PERMISSION TO TAKE PHOTOS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Media release form filled out with school registration package
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HEALTH/NUTRITION:

Allergies or Health Concerns:

IMMUNIZATION HISTORY:

(Attach photocopy of Immunization record along with immunization form)

SPECIAL INSTRUCTIONS

Any other information the staff needs to be aware of	
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EMERGENCY HEALTH CARE INFORMATION:

Doctor	Phone Number
Dentist	Phone Number
Care Plan	Y N NA
Care Card/Personal Health Number	

EMERGENCY CONSENT

It is the policy of this Centre to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to Prince Rupert Regional Hospital.

Please sign below so that we can take appropriate action on behalf of your child.

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I hereby give my consent for my child, _____, when ill, to be taken to Prince Rupert Regional Hospital by the staff of Pineridge Elementary Before and After School Daycare Program when I cannot be contacted. I consent to an ambulance being called to transport my child if necessary.

<i>Signature of Parent/Guardian</i>	<i>Name (please print)</i>	<i>Date Signed yyyy/mm/dd</i>
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FOR CARE PROVIDER

Photo of child on file: _____ Date child ceases to attend: _____

(*maintain records for 2 years)