



## ST. BENEDICT SCHOOL CARE REGISTRATION FORM

School Year 2019-20      AM                  PM                  BOTH

(Please circle the program/programs above you require)

**Child's Name** \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Child's Address: \_\_\_\_\_

**Mother/Guardian Full Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Father/Guardian Full Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**EMERGENCY CONTACT** (other than parents/guardians, must speak English)

**Person #1** \_\_\_\_\_ Phone # \_\_\_\_\_

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

**Person #2** \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Clinic Name and Phone #: \_\_\_\_\_

AHC Number: \_\_\_\_\_

### **FEES:**

**BEFORE SCHOOL CARE: \$80 per month (7:30am-8:30am)**

**AFTER SCHOOL CARE: \$160 per month (3-5pm)**

**BEFORE SCHOOL/AFTER SCHOOL: \$240 per month.**

Payment can be set up at <http://starcatholic.schoolcashionline.com/> between August 26th-30th 2019

**PLEASE NOTE: THERE WILL BE NO CARE AVAILABLE ON THE LAST DAY BEFORE CHRISTMAS BREAK/SPRING BREAK AND SUMMER HOLIDAYS.**

**ADDITIONAL INFORMATION:**

1. A. Any allergies, medical conditions or dietary restrictions we should be aware of? \_\_\_\_N/A

\_\_\_\_\_

B. What steps are to be taken if there is an allergic reaction?

\_\_\_\_\_

C. Does the school have permission to administer first aid and/or call an ambulance?

\_\_\_\_\_

2. Regular medications taken, if any and when/how they are administered. (Medication forms from district must be signed and attached).

3. Please indicate if your child is up to date on immunizations: **Yes\_\_\_\_\_ or No\_\_\_\_\_**

4. Any particular fears (e.g. the dark, thunder, etc.)

\_\_\_\_\_

5. Child's typical reaction to stress

\_\_\_\_\_

6. Child's typical reaction to illness (will he/she tell staff?)

\_\_\_\_\_

7. Favourite activities (e.g. sand/water play, building blocks...)

\_\_\_\_\_

**ALTERNATE PICK UP LIST: (Other than your Emergency Contacts ex: Sibling, Grandparent, Friend)**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Note: This information is being collected and used in accordance with the Freedom of Information and Protection of Privacy Act (1997).**