



Cloverdale Christian School

5950 179 Street Surrey, B.C V3S 4J9

Phone: 604-576-6313 Fax: 604-576-1399

E-Mail: school@cloverdalechristianschool.ca

Website : www.cloverdalechristianschool.ca

2017/2018 MULTI-AGE DAYCARE and OUT OF SCHOOL CARE REGISTRATION FORM

CHILD INFORMATION		Multi-Age Daycare (age 2 – 5) <input type="checkbox"/>	Out of School Care (age 6 – 12)
Last Name:	First Name:	Middle Name:	
Start Date: _____ (Month/Date/Year)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Telephone:	Birth Date (m/d/y):	B.C. Care Card Number: _____/_____/_____	

PARENT INFORMATION			
Mother's First Name:		Mother's Last Name:	
Mother's Telephone: Home:	Work:	Cell:	E-Mail Address:
Father's First Name:		Father's Last Name:	
Father's Telephone: Home:	Work:	Cell:	E-Mail Address:
Street or Municipal Address (Mother):			
City:		Postal Code:	
Street or Municipal Address (Father) (If different from above):			
City:		Postal Code:	
Student Lives With: Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> If applicable, a copy of legal documents.			

GUARDIAN INFORMATION			
Guardian's First Name:		Guardian's Last Name:	
Guardian's Telephone: Home:	Work:	Cell:	E-Mail Address:
Street or Municipal Address:			
City:		Postal Code:	

CARE SERVICES REQUESTED				
Monday AM <input type="checkbox"/>	Tuesday AM <input type="checkbox"/>	Wednesday AM <input type="checkbox"/>	Thursday AM <input type="checkbox"/>	Friday AM <input type="checkbox"/>
Monday PM <input type="checkbox"/>	Tuesday PM <input type="checkbox"/>	Wednesday PM <input type="checkbox"/>	Thursday PM <input type="checkbox"/>	Friday PM <input type="checkbox"/>
Drop In (for drop in sessions, please contact the school <u>24 hours</u> prior to the drop in session to see if space is available) <input type="checkbox"/>				
Times Required AM _____				
PM _____				

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

Name	Phone Number	Relationship to Child
	Home: _____ Cell: _____ Work: _____	
	Home: _____ Cell: _____ Work: _____	
	Home: _____ Cell: _____ Work: _____	

PERSON AUTHORIZED TO PICK UP CHILD

Name	Phone Number	Relationship to Child
	Home: _____ Cell: _____ Work: _____	
	Home: _____ Cell: _____ Work: _____	
	Home: _____ Cell: _____ Work: _____	

MEDICAL INFORMATION

Please provide a photocopy of your child's Immunization record and a copy of your child's Care Card.

Family Doctor: _____ Phone Number: _____

Are there any medications that your child may need to be administered during the school day?
 YES NO If applicable, please complete the "Permission to Administer Medication" Form.

List special health conditions/allergies/physical limitations/special medications/special diet:

If potentially life threatening health condition exists, please complete the "Medical Alert Planning" Form.

PERMISSIONS

I give permission for:

- My child to go on walking trips around the school and to local facilities (within 2 km).
- My home phone number to be distributed to parents for the emergency phone list.
- My e-mail to be distributed to classroom parents for the contact list.
- My child's photo to be taken to be used for yearbook or newsletters.
- My child's photo to be taken to be used for website or other promotional materials of CCS.
- I authorize the staff at Cloverdale Christian School to call an ambulance in the case of accident or illness of my child, if I cannot be reached immediately. If deemed necessary, I authorize a staff person of Cloverdale Christian School to transport my child to the hospital and give consent for my child to receive medical treatment.

- | | |
|------------------------------|-----------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Signature of Parent/Guardian: _____

Date: _____

SPECIAL INSTRUCTIONS OR COMMENTS FOR THE CAREGIVER

FOR OFFICE USE ONLY

Date Received: _____

- Immunization Card Copy of Birth Certificate
 B.C. Care Card Age Requirement

I understand that I must give prior notice if my child will not be present for a booked time in Multi-Age Daycare or Out of School Care, or I will be billed for that time.

Parent's Signature: _____