Conrad Street Elementary School
Before and After School Child Care
Grades 1-5

825 Conrad Street, Prince Rupert, B.C. V8J 3B8
Mailing address: PO Box 520, V8J 3R7
Telephone (250) 624-4935 Fax (250) 627-4164

CHILDCARE REGISTRATION/ EMERGENCY CONSENT FORM

(Section 57 Child Care Licensing Regulations)

CHILD INFORMATION:

Surname	Given Name	Middle Name	
Name Child Responds to	Sex □ M □ F	Birth yyyy/mm/dd Date	Starting 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:	□ Mother □ Father □ Guardian
Address		Home Phone Number
Place of Work	Hours of Work	Work Phone Number | Cell #
Name	Email Address:	□ Mother □ Father □ 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? □ Yes □ No	If no, what language?
Name	Relationship	Phone Number
Address	Speak English? □ Yes □ No	If no, what language?

LIST ANY PERSONS NOT PERMITTED ACCESS
PROVIDE COPIES OF ANY CUSTODY AGREEMENTS YOU WISH US TO BE AWARE OF

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

Name	Relationship	Phone Number

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?

□ Yes □ No	Facility

PERMISSION TO TAKE PHOTOS

□ Yes □ No	Media release form filled out with school registration package

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	

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.

==========

I hereby give my consent for my child, _____, when ill, to be taken to Prince Rupert Regional Hospital by the staff of Conrad Seamless Day child care program when I cannot be contacted. I consent to an ambulance being called to transport my child if necessary.

Signature of Parent/Guardian	*Name (please print)*	*Date Signed yyyy/mm/dd*

FOR CARE PROVIDER

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

(*maintain records for 2 years)