

CHILD'S INFORMATION		
Name:	D.O.B:	Phone:
Street Address:	City:	Postal Code:
Child's Doctor:	Phone:	Address:
MOTHER €	STEPMOTHER €	FATHER €
STEPFATHER €	PARTNER €	LEGAL GUARDIAN €
Name:	Phone: <input checked="" type="checkbox"/> same as child	Email:
Home Address: <input checked="" type="checkbox"/> same as child		
Cell:	Work:	Alternate:
Employer: <input type="checkbox"/> self employed		
Employer Address: <input type="checkbox"/> same as home	City:	Postal Code:
MOTHER €	STEPMOTHER €	FATHER €
STEPFATHER €	PARTNER €	LEGAL GUARDIAN €
Name:	Phone: <input type="checkbox"/> same as child	Email:
Home Address: <input type="checkbox"/> same as child		
Cell:	Work:	Alternate:
Employer: <input type="checkbox"/> self employed		
Employer Address: <input type="checkbox"/> same as home	City:	Postal Code:
EMERGENCY CONTACTS		
•You must list 2 contacts that can be reached in emergency situations		
Name:	Name:	
Relationship:	Relationship:	
Phone:	Phone:	
Alternate Phone:	Alternate Phone:	
ALTERNATE AUTHORIZED PERSON(S) FOR PICK-UP (optional)		
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone:	Phone:	Phone:
PERSON'S NOT AUTHORIZED TO PICK-UP		
•Custody agreement papers must be on file at the centre		
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
REQUEST FOR PICTURE CONSENT		
There are various times when pictures of the children will be taken, either by teachers, other parents, or members of the media. We would like your permission to use these pictures of your child(ren) for fundraising, program promotion, social media, and various		
<input type="checkbox"/> I consent <input type="checkbox"/> I DO NOT consent		
For SJBCC to take pictures of my child and use them for fundraising, promotional activities, and social media.		
Signature:		Date: d d / m m m / y y y y

MEDICAL/HEALTH CONDITIONS (Seizures, Diabetes, Asthma, Blood/Heart disorders, Other)				
Condition:				
Medications Required (Be Specific):				
Special Instructions:				
Emergency Response Plan Completed			<input type="checkbox"/> yes	<input type="checkbox"/> no
DIETARY REQUIREMENTS / ALLERGIES				
Food Allergy:	Reaction:			
Medication Allergy:	Reaction:			
Insect Allergy:	Reaction:			
Food Sensitivity:	Reaction:			
Anaphylaxis Emergency Plan Form Completed (if required)			<input type="checkbox"/> yes	<input type="checkbox"/> no
REST				
Toddlers: Cots		Preschool: Cots		
Special Instructions:				
PARENT ACKNOWLEDGEMENT				
<ul style="list-style-type: none"> • I have read the SJBCC Parent Handbook and agree to comply with the rules and regulations specified • My child is able to participate in the full range of activities • I give consent to allow SJBCC staff to communicate with my child's school about items that concern my child. • I permit my child to go on supervised excursions outside SJBCC • I will not hold SJBCC responsible for lost or stolen items • I will not hold SJBCC, it's staff or volunteers responsible for accidents which may occur • I understand the legal obligation of the staff to report any suspected abuse • I understand that SJBCC may decline a child due to physical and/or verbal aggression towards staff or other children or if the • I understand that a late fee of \$10 for every 10 mins will apply when children are picked up after the centre's closing time. • I give consent to allow SJBCC staff to reapply sunscreen 				
Signature:			Date: d d / m m m / y y y y	
EMERGENCY TRANSPORTATION				
<i>I hereby authorize my permission for the staff at SJBCC to arrange emergency medical treatment for my child without immediate consent.</i>				
Signature:			Date: d d / m m m / y y y y	
REGISTRATION				
SITE (please check)	PROGRAM	CARE REQUIRED	BEFORE OR AFTER SCHOOL CARE	
<input type="checkbox"/> BOSCO <input type="checkbox"/> ANGE GABRIEL <input type="checkbox"/> ST. FRANCIS <input type="checkbox"/> JL JORDAN	<input type="checkbox"/> TODDLER (18MOS- <input type="checkbox"/> PRESCHOOL (2.5-4YRS) <input type="checkbox"/> KINDERGARTEN (4-6YRS) <input type="checkbox"/> JR SCH AGE (grades 1-3) <input type="checkbox"/> SR SCH AGE (grades 4-6)	<input type="checkbox"/> FULL TIME (MON-FRI) <input type="checkbox"/> PART TIME <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SCHEDULED CARE (PROVIDES MONTHLY CALENDAR)	(CHILDREN ATTENDING SCHOOL) <input type="checkbox"/> BEFORE SCHOOL ONLY <input type="checkbox"/> AFTER SCHOOL ONLY <input type="checkbox"/> BEFORE & AFTER CARE	
2 WEEK DEPOSIT	REQUIRED AT REGISTRATION, ONLY REFUNDABLE IF CHILD STARTS CARE			
ACTIVITY FEE	WILL BE INVOICED IN SEPTEMBER & JULY (\$25/CHILD)			
REGISTRATION FEE	PAYABLE IMMEDIATELY, NON REFUNDABLE		PARENT SIGNATURE _____	
MONTHLY INVOICES	PAYABLE UPON RECEIPT (PAST DUE IF NOT PAID IN FULL BY END OF MONTH)		DATE _____	
OFFICE USE ONLY:	Registration Date:	Discharge Date:		