

Registration Form

Child Information

Last Name: _____ Given Name: _____

Date of Birth (MM/DD/YY): _____ Grade(2021-22): _____

School: _____ Languages spoken at home: _____

Address: _____ Postal Code: _____

Neighbourhood: Qualicum Graham Park Redwood Leslie Park Craig Henry
 Trend-Arlington Woods CentrepoinTE Briargreen Other _____

Parent/Guardian Information

Parent/Guardian 1

Full Name: _____

Preferred Name: _____ Relationship to child: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Preferred number to call first: Home Cell Work

Email address: _____

Address: Same as child OR _____

Parent/Guardian 2

Full Name: _____

Preferred Name: _____ Relationship to child: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Preferred number to call first: Home Cell Work

Email address: _____

Address: Same as child OR _____

Are there custody arrangements pertaining to the legal access of your child? Yes No

If yes: Copies of all appropriate legal documentation (i.e. court order) must be provided

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing your child: _____

Emergency Contact Information

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list emergency contacts in order of preference.

Emergency Contact 1 (mandatory):

Full Name			
Relationship to Child			
Primary Phone			
Alternate Phone			
Permitted to pick-up child	Yes	No	

Emergency Contact 2 (strongly recommended):

Full Name			
Relationship to Child			
Primary Phone			
Alternate Phone			
Permitted to pick-up child	Yes	No	

Alternative Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identity before the child will be released).

Full Name			
Relationship to Child		Primary Phone	

Full Name			
Relationship to Child		Primary Phone	

Full Name			
Relationship to Child		Primary Phone	

Is your child permitted to walk home alone, or with friends (grade 4 and up): Yes No

Please describe the plans of what you will do if you are scheduled to pick up your child but will not be able to arrive by 5:20 pm: _____

Health Information

Does your child have asthma? Yes No

If yes, please list triggers: _____

Frequency and severity of attacks: _____

Medications: _____ Inhalers provided to keep on site

Does your child have life-threatening allergies? Yes No

If yes: Allergies: _____

EpiPen: kept in school backpack worn on waist pack/other holster at all times
 second EpiPen provided to keep on site (mandatory)

Does your child have any allergies that are non-life threatening? Yes No

Allergies: _____

Describe any actions or precautions necessary: _____

Does your child have any medical conditions that may cause symptoms also associated with COVID-19? Yes No

Condition	Possible Symptoms

Does your child have any other medical needs not included above that require additional support, or that we should be aware of for their health and safety (e.g. diabetes, ADHD, anxiety, etc.)? Yes No

Condition	Support Required

Does your child have any special dietary requirements (e.g. vegetarian, vegan, Halal, no sugar allowed, etc.)? Yes No

If yes, please describe: _____

