

Ignite Kids Before and After School- Registration Form

Last Name:	
First Name:	Middle Name:
Gender:	Grade & class:
Birth Date:	Start Date:
Nickname:	Email:
NAMES OF SIBLINGS AND BIRTH DATES:	

PARENTS OR GUARDIANS

(1) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	
(2) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	

OTHER EMERGENCY CONTACT

Name:	Relationship to Child:
Home Phone:	Work Phone:

AUTHORIZATION FOR PICKUP

Persons permitted to pick up my child are:		
Name:	Address:	Phone #:

A parent/guardian's written authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released. The person picking up may be asked to produce photo identification.

Persons NOT permitted to pick up my child are:
(Please provide supporting documents.)

Page 1 of 2

MEDICAL INFORMATION:

Doctor (or 911):	Office Phone:
Address:	
City:	Postal Code:
Care Card #:	Child's Personal ID#:
Allergies:	
Medical Indications:	
Medication:	
ADDITIONAL INFORMATION: Please indicate likes/dislikes, bathroom skills, special interests, etc.	
IMMUNIZATION: The Health Unit requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have records, a copy can be obtained from your local health unit. (If your child is not immunized, please complete an Immunization Waiver Letter.)	
Date received:	
Notes:	
EMERGENCY CONSENT: It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent, and we need to get immediate help for the child. Our procedure is to call 911 and have Emergency Services handle the situation.	
Print:	Sign:

Parent/Guardian Signature: I agree that when registering for these childcare spaces, my schedule will remain the same throughout the school year. I agree that I will pay the fees required for this space for the entire year. I am aware that if I choose to reduce the number of days care is required, I may need to forfeit my space to make room for another child requiring full time care. (Certain unavoidable circumstances may apply)

Print:	Sign:
Print:	Sign:
Date:	

Please indicate days required: MON _____ TUES _____ WED _____ THU _____ FRI _____

Check beside day & time: Before School: 7:00-8:40 ____ After School: 2:30-5:30 ____

*Early Dismissal: 12:00-5:30 _____ (*For families enrolled for before school care only, this is an additional fee, and only if space permits. All other families whose schedule for after-school care falls on the E.D. day, is automatically enrolled, and pay for it, whether you use it or not.)

Pro D Days: 8:00 am – 5:30 _____ (Pro-D days require separate sign up one week prior to arrange for appropriate staff and are billed in addition to regular rates. Pro D Days must be paid in non-refundable e-transfer or cheque upon registration for the day.)

*** We require a recent photo of your child for our records. On the back of the photo list any distinguishing marks, unique speech patterns, etc. This will be kept private in our emergency files. Thank you.