

**Before And After School Registration Forms**

**Registration and Health Information Form**

Located: **Lucknow Central Public School**

Date of Admittance: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

School Child is registered at: \_\_\_\_\_

Days of Child Care Required. Please Specify Exact Hours of Care:

*Days of the week child requires: Before School*

MON	TUES	WED	THURS	FRI

*After School*

MON	TUES	WED	THURS	FRI

**Child Information**

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth (dd/mm/yyyy):</b>	<b>Age and Grade:</b>
<b>Home Address:</b>	
<b>Email Address:</b>	

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## Parent Information

<b>Mother's Name:</b>	<b>Father's Name:</b>
<b>Cell/Primary Phone Number:</b>	<b>Cell/Primary Phone Number:</b>
<b>Place of Employment:</b>	<b>Place of Employment:</b>
<b>Work Phone Number:</b>	<b>Work Phone Number:</b>
<b>Work Phone Number:</b>	<b>Work Phone Number:</b>
<b>Home Address:</b>  <input type="checkbox"/> Same as Child	<b>Home Address:</b>  <input type="checkbox"/> Same as Child

## Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal rights of access to your child? YES \_\_\_ NO \_\_\_

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_

Name(s) of individuals prohibited from accessing/picking up your child: \_\_\_\_\_

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## Emergency Contacts

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

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Workplace	Workplace	Workplace
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

## Pick-Up Authorization

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

Full Legal Name	Relationship to Child	Primary Phone

**Health Information**

**Child's Medical Information**

Last Name	First Name	Middle Name	Sex	Date of Birth
<b>Child's Health Card #</b>				
<b>Name of Child Care Centre:</b> <b>Unique Minds Child Care Inc. - Lucknow Central Public School, Before and After School Program - Located at the back of school.</b>				
<b>Family Doctor</b>			<b>Doctor's Phone #</b>	

If your child has had any history of communicable diseases: (ex: chicken pox, measles), please list them below:

Does your child have any medical need(s) that require additional support (e.g., Diabetes)?

YES \_\_\_ NO \_\_\_

If **YES**, an individualized plan for children with medical needs must be developed between the parent and Unique Minds Child Care Inc. prior to the child's first day of care.

Does your child require prescription medication to be taken on a regular basis? YES \_\_\_ NO \_\_\_

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Would any of the above prevent the child from engaging in normal activities? YES \_\_\_ NO \_\_\_

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Do you have any concerns about your child's:

Hearing and/or Vision?
Speech and Language Development?
Gross Motor Skills?
Overall Development?

### **Additional Health Information**

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):
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**Allergy Information**

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings, Latex)?

YES \_\_\_ NO \_\_\_

If **YES**, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and Unique Minds Child Care Inc. prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance)?

YES \_\_\_ NO \_\_\_

If **YES**, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Allergy:

Symptoms of Reaction:

Treatment:

Anaphylactic? Yes or No

### **Dietary**

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES\_\_\_ NO\_\_\_

If **YES**, please provide relevant details:

### **Physical Requirements**

Does your child require any additional support or accommodation with respect to physical activity?

YES\_\_\_ NO\_\_\_

If **YES**, please provide relevant details:

### **Social & Emotional Development**

Is there anything that you can think of that would help us know and understand your child better?

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## Consents

\_\_\_\_\_ may take part in excursions off the property and to places of interest in

Child's Name

the community if these groups are adequately supervised at all times.

In case of emergency, when neither parent nor family doctor can be contacted, and emergency treatment is essential, my child may receive such treatment; and, although I understand every precaution will be taken, Unique Minds Child Care Inc./Summer Program will not be held responsible for any accident or injury that may occur on the premises.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

We are requesting your permission to allow your child to be photographed. Please indicate below your decision. (There is no obligation. Please do not sign if you have any reservations.)

I will allow my child to be photographed for in centre use (e.g. Documentation): YES \_\_\_ NO \_\_\_

I will allow my child to be photographed for Social Media( e.g. Facebook Page): YES \_\_\_ NO \_\_\_

I will allow my child to be photographed for private social media accounts ( Instagram): YES \_\_\_ NO \_\_\_

I will allow my child to be photographed/videotaped for community purposes: YES \_\_\_ NO \_\_\_

Throughout the school year we are on occasion requested to have the children photographed, filmed or videotaped. (e.g. Co-op Students, Newspaper, etc)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



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## Program Fees 2024

	Kindergarten Program	School Age Program
Before School	Under 6 years of age: \$12.50	Over 6 years of age: \$14.50
After School	Under 6 years of age: \$12.50	Over 6 years of Age: \$14.50
Before & After School	Under 6 years of age: \$12.00	Over 6 years of age: \$28.00
P.D Day/march Break/Summer Camp Fee	Under 6 years of age: 15.59	Over 6 years of age: \$40.00
Late Fee	\$1.00 a Minute	\$1.00 a Minute

**\*\*\* Please note if you are late you will receive a late slip & the money is required to be cash in hand to the staff that is required to stay until the child is picked up. \*\*\***