

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:

MON	TUES	WED	THURS	FRI

Child Information

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

Parent Information

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

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

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

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Health Information

Child's Medical Information

Last Name	First Name	Middle Name	Sex	Date of Birth
Child's Health Card #				
Name of Child Care Centre: Unique Minds Child Care Inc. - L.C.P.S. March Break/Summer Program				
Family Doctor			Doctor's Phone #	

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):

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:

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/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

Unique Minds Child Care Centre Inc.

Program Fees 2024

	Kindergarten Program	School Age Program
Before School	Under 6 years of age: \$12.50	Over 6 years of age: \$13.50
After School	Under 6 years of age: \$12.50	Over 6 years of Age: \$13.50
Before & After School	Under 6 years of age: \$12.00	Over 6 years of age: \$26.00
P.D Day/march Break/Summer Camp Fee	Under 6 years of age: 15.59	Over 6 years of age: \$36.50
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. *****