

**CORNERSTONE SCHOOL AGE CARE
REGISTRATION FORM**

CHILD'S INFORMATION

Child's last name: _____ child's first names: _____

Name child responds to: _____

Birthday: m: ____ d: ____ y: ____ male female

Home address: _____

Home phone: _____ Childs cell if they take one to school _____

Names of parent(s) or guardians who child resides with:

Child's first language: _____ second language: _____

Religious affiliation or church if applicable _____

School child attends: _____

Start day in center: _____ End Date if applicable _____

CONTACT INFORMATION OF PARENTS & GUARDIANS

Name: _____ (relationship to child _____)

Address: _____ postal code _____

Home phone: _____ email _____

Place of work or school: _____ cell # _____

Work phone #: _____ hours of work: _____

If applicable days child resides with this parent/guardian, rotation schedule etc.

Name: _____ (relationship to child _____)

Address: _____ postal code _____

Home phone: _____ email _____

Place of work or school: _____ cell # _____

work phone: _____ hours of work: _____

If applicable days child resides with this parent/guardian, rotation schedule etc.

Name: _____ (relationship to child _____)

address: _____ postal code _____

home phone: _____ email _____

place of work or school: _____ cell # _____

work phone #: _____ hours of work: _____

If applicable days child resides with this parent/guardian, rotation schedule etc.

EMERGENCYCONTACTS

Alternate people to contact in the case of an emergency, if you are unable to be reached. These people are also authorized to pick up my child/ren. ____ (initial)

Contact #1.

Name: _____ relationship to child: _____
Home phone: _____ work phone: _____ cell# _____

Contact #2.

Name: _____ relationship to child: _____
Home phone: _____ work phone: _____ cell # _____

CHILD PICK-UP PERMISSION FORM

Concerning the pick-up of my child/ren _____
Name of child/ren

Other than people previous listed, the following people also have permission to pick-up my child from Cornerstone School Age Care.

I understand that anyone not listed on this form is not authorized to pick up my child.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Signature of parent/guardian

Date

PERSONS NOT ALLOWED ACCESS

date

EMERGENCY HEALTH INFORMATION

Family doctor _____ phone _____

Family dentist _____ phone _____

BC CARE CARD NUMBER: _____

DATES OF MOST RECENT IMMUNIZATIONS

My child is fully Immunized () a photocopy of my child's immunization record is attached
____initials

My Child is not immunized () ____initials

(if no record of immunization is attached, your child will be considered not immunized and will be asked to leave Cornerstone School Age Care in the case of a disease break out)

Please provide the additional information below to help our staff ensure the safety and well being of your child.

Is your child on any medication: () Y () N

If yes, list all medication:

If medication will be taken at Cornerstone please ask us for a "permission to administer medication" form.

LIST ANY Emergency medical allergies /anaphylactic etc.(ie. Bees peanuts, etc.)_____

Does your child carry an Epi pen ? yes ____ no ____

If your child requires special or emergency care due to allergies or regular health reasons please provide details on CARE PLAN portion of emergency card on back page for our 1st aid kits.

General Allergies: _____

Does your child require any other dietary restrictions? No__ yes__

Explain: _____

Does your child have regular or reoccurring issues:

Headaches__ hay fever__ bleeding nose__ ear infections__ asthma__ skin conditions__ seizures __ bronchitis__ medically related behavioral outbursts__ bladder control__ Please explain:

Regarding your child, explain any:

Vision, hearing, or speech concerns _____

Learning or physical concerns _____

Behavior/emotional concerns _____

Does your child require any extra assistance at school __yes __no__ Do they currently have a behavior plan at school __yes __no__ Please explain Yes answers _____

Other information you think staff need to know in order to help your child thrive at our center (i.e. fears, likes, dislikes etc.) _____

Indicate any significant changes in your child's life(i.e. death, separation, move,)

Explain custody agreements or restraining orders etc _____

***copies of legal documents must be included with this registration information ***

Has your child previously attended daycare/out-of-school care? Yes__ No__

If yes, name of facility: _____

Dates of attendance: _____

Were there any problems? _____

I HAVE FILLED OUT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION AND AGREE TO NOTIFY THE STAFF AT CORNERSTONE IF THERE ARE ANY CHANGES.

parent or guardian's signature

date

**CORNERSTONE SCHOOL AGE CARE
CONSENT FORM**

PLEASE INITIAL EACH BOX TO INDICATE THAT YOU HAVE READ AND UNDERSTOOD EACH PERMISSION

I, _____ the parent or guardian of _____ agree to the following:

Consent regarding sick children:

It is Cornerstone's policy to notify the parent/guardians when a child becomes ill or needs emergency medical attention. If we are unable to contact a parent/guardian, we will take the child to the nearest emergency medical center. Please initial this section to authorize first aid or medical treatment to be administered to your child in the event you are not able to be present when this treatment is needed.

Permission to call an ambulance:

I give my permission to for the Cornerstone Staff to call an ambulance for my child in the case of an emergency.

Sunscreen Consent:

I hereby consent for the Cornerstone Staff to apply the sunscreen I have provided. In the event that I have not provided any I give permission for Cornerstone to apply whichever brand they have on site.

Insect Repellent Consent:

I hereby consent for the Thrive Staff to apply Insect Repellent to my child. If I am concerned about the brand I agree to provide my own.

Field-trip permission:

Field trips and spontaneous out-trips are an important part of our program. Staff will make sure to let parents and children know about pre planned out-trips by email notices. I give my permission for my child to attend scheduled and spontaneous out-trips with in the city limits of Nelson, BC, traveling by foot or city transit. I understand that if my child is unable to go, it is my responsibility as a parent/guardian to let Cornerstone know, prior to the date, or it will be my responsibility to pay for any expenses that were incurred for my child.

Photograph permission:

We take photos of children doing activities at Cornerstone to show parents and to use for advertising in print or on the Internet. I give my consent for my child to be in photographs, which are published.

I give my permission for all of the sections I have initialed. (Please sign below for the consent of the initialed items above.)

Parent/Guardian Signature

Date

Cornerstone Staff

Date

Please fill in the following information as it will be kept with our first aid kits for out trips.

Childs Full Name: _____

Birth date: _____ Male Female

Care Card #: _____

Physician: _____ Phone: _____

Parent 1: _____

Address: _____

Home Tel: _____ Work# _____

Cell# _____

Parent 2: _____

Address: _____

Home Tel: _____ Work _____

Cell# _____

Attach a colour copy of a school type photo of child here.

Head and shoulders.

Medical Conditions: _____

Allergies: _____

Permission to call Physician/Ambulance Yes No

Alternate Emergency Contact: _____ Relationship: _____

Home#: _____ Cell# _____ Work# _____

Please initial to authorize medical treatment to be administered to your child in the event you are not able to be present when this treatment is needed.

Medical Care Plan

If your child needs special care or emergency care please explain care plan below or attach separate page if necessary.

Medical or Allergy Alert: _____

Causes or Concerns: _____

Prevention: _____

Symptoms: _____

Please list detailed steps to be taken by the staff in the event that the medical situation above occurs:

1 _____

2 _____

3 _____

4 _____

