

Cherryville After School Program Registration Form 2021/2022



Child's Name: _____
First Last

Date of Birth: ____/____/____ Gender: ____ Age: ____
day month year

Child lives with: Parents ____ Mother ____ Father ____ Guardian ____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Email address: _____

Parent/Guardian #1: _____

Work Phone: _____ Place of Employment: _____

Parent/Guardian #2: _____

Work Phone: _____ Place of Employment: _____

Child Access

Can an adult, other than the parent(s)/guardian(s), pick up your child? No ____
 Yes ____ (if yes, who ____). I give consent to
 Lumby/Cherryville Preschool School Program to release my child to someone
 other than the parent/guardian. I understand the staff will not release a child
 unless the parents/guardians have notified staff of who can pick up the child
 and until they have seen proper identification.
 Initials _____)

Person(s) who CANNOT access your child: _____
 (Provide **Custody Order(s)** if any- REQUIRED by Licensing)

Emergency Contacts

Friends or relatives who are **NOT** living in the same house as child
 (At least 1 is REQUIRED by Licensing)

1. Name: _____ Relationship to child: _____

Phone (home): _____ (cell/work): _____

2. Name: _____ Relationship to child: _____

Phone (home): _____ (cell/work): _____

I, _____,
Parent/Guardian Signature

**give permission to the
 above mentioned adults to
 assume responsibility for my child in
 the event of an emergency.**

Photo and Description

Photo: Hard copy ____ or Digital ____ (email to: Chelsea Weist <cweist.wcrc@gmail.com>)	
Height:	
Weight:	
Eye Color:	
Hair Color:	
Identifying Marks (if any):	

Health History

Doctor: _____ Phone #: _____

Care Card #: _____

Immunizations up to date: No ___ Yes ___

Allergies/Asthma: No ___ Yes ___ (if yes, fill out "Allergies/Asthma Form")

Special Needs/Medical Disability: No ___ Yes ___ (if yes, fill out "Special Needs/Long Term Condition Form")

Is there any **Medication** the staff will need to give your child?
No ___ Yes ___ (if yes, fill out "Medication Consent and Record Form")

Does your child have a **Behaviour Plan** in place?
No ___ Yes ___ (if yes, fill out "Behaviour Plan Form")

Special comments/Instructions: _____

Consent

	Initials
In case of an emergency, I hereby give permission to the staff to call a doctor or ambulance in the event of an accident or illness involving my child and to release my child to someone other than the parent (ambulance atnd or Dr.. I will be responsible for the costs.	
I give my consent for my child to take part in field trips under the supervision of the staff.	
I give permission for my child to have his/her picture taken while participating in Cherryville After School Program activities. I understand that the picture may be used in publications, local newspapers (Lumby Valley Times, Cherryville News, Morning Star) on WCRC's website/Facebook page and/or emailed to parents/guardians.	
My child's immunization is up to date, and if not, I understand that incase of an outbreak my child(ren) will not be permitted at the program until immunizations forms are brought in.	

Cherryville After School Program reserves the right to dismiss any attendee for behavioral problems, at the discretion of the staff.	
I have read both sides of the registration form and understand the above information. I have initialed all that I agree to. All information on this form is correct, to the best of my knowledge.	

Date: _____ **Signature:** _____

Enrollment Date: _____

Program attending

Monday 2:10 pm – 4:30 pm	Thursdays 2:10 pm – 4:30 pm

Program contact: [Chelsea Weist <cweist.wcrc@gmail.com>](mailto:cweist.wcrc@gmail.com)