

Before and/or After School Registration Form

SCHOOL NAME: _____ **PRINCIPAL:** _____

<u>STUDENT INFORMATION</u>				
Legal Last Name _____	Legal First Name _____	Middle Name _____	Preferred Name _____	<input type="checkbox"/> M <input type="checkbox"/> F Gender
Birthdate (dd/mmm/yyyy): _____		First Language: _____		

<u>PARENT / GUARDIAN INFORMATION</u>	
Last Name _____	First Name _____
Relationship to Student _____	
Address _____	
Home Phone () _____	Work Phone () _____
Cell Phone () _____	E-mail _____
Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name _____	First Name _____
Relationship to Student _____	
Address _____	
Home Phone () _____	Work Phone () _____
Cell Phone () _____	E-mail _____
Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<u>EXTENDED DAY PROGRAM</u>				
Fees:	Before - \$5.00 daily	After - \$11.00 daily	Before and After - \$15.00 daily	
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before
<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After
Drop off time: _____			Pick up time: _____	

<u>EMERGENCY CONTACTS (OTHER THAN Parent or Guardian)</u>	
Call First:	Call Second:
Relationship to Student _____	Relationship to Student _____
Last Name _____	Last Name _____
First Name _____	First Name _____
Address _____	Address _____
Home Phone () _____	Home Phone () _____
Business Phone () _____ Ext.: _____	Business Phone () _____ Ext.: _____
Cell Phone () _____	Cell Phone () _____
Can pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL / HEALTH INFORMATION

Doctor Name _____

Phone Number () _____

Health Card _____

Revision Code _____

Allergies and Health Conditions:

_____ Life Threatening _____ Life Threatening I, the Parent/Guardian, give my permission to the school to transport my child to a medical facility in case of emergency. Y N**SPECIAL NEEDS (Describe any special needs your child may have)**

Physical: _____

Intellectual: _____

Speech/Language: _____

Behaviour: _____

Emotional: _____

Aversions: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, personal information on this form is being collected under the authority of the Education Act, Section 10, and will be used for the purpose of establishing a record of registration in the before and after school programs operated by Rainbow District School Board. This information will be shared among schools within the jurisdiction of Rainbow District School Board for registration purposes. Questions regarding this collection should be directed to the School Principal.

Parent/Guardian Signature_____
Date