SHINE AFTERSCHOOL CARE REGISTRATION

Child's Information

First Name:
Middle Name:
Last Name:

Birthdate: Month: Date: Year:
Gender Male Female
Medicare #: Exp:

Address

Home Address

Apt.# Street:
City:
Postal Code:

Mailing/Other Address

(Complete only if different from Home Address)

Street/PO Box#:
City:
Postal Code:

Program Selection

Afterschool (Please select days)

Number of days/week: 2 Days 3 Days Full-time

Please select days: Mon Tue Wed Thu Fri

Date Enrollment to begin: Month: Date: Year:

Summer Program (Please select days)

Requested Days: Mon Tue Wed Thu Fri

Parent/ Guardian Information

*** Please select one email address to be the primary contact for school communications.**

Father's Information

First Name:
Last Name:
Occupation:
Employer:
Email Address:
Marital Status: M D W
Lives with student: Yes No
Home Phone: ( )
Cell: ( )
Work: ( ) Ext:

Mother's Information

First Name:
Last Name:
Occupation:
Employer:
Email Address:
Marital Status: M D W
Lives with student: Yes No
Home Phone: ( )
Cell: ( )
Work: ( ) Ext:

Custody

Are there special instructions to be noted regarding custody of students? No Yes (if Yes, please explain.):

Emergency Contacts

***Individuals to contact if parents cannot be reached. Emergency contacts cannot be parents.**

Emergency Contact #1

First Name:
Last Name:
Relationship to child:
Home Phone: ( )
Cell: ( )
Work: ( ) Ext:

Emergency Contact #2

First Name:
Last Name:
Relationship to child:
Home Phone: ( )
Cell: ( )
Work: ( ) Ext:

Other than Emergency Contacts, who **has** permission to pick up your child from the centre?

Name:
Relationship:

Name:
Relationship:

Name:
Relationship:

Name:
Relationship:

NOTE: *If changing pick up arrangements parents must inform the centre prior to the child being picked up.*

Is there anyone who does **NOT** have permission to pick up your child?

Name:
Relationship:

Name:
Relationship:

Health Record

Immunizations

In accordance with regulation 12(2) of the Public Health Act, proof of immunization must be provided for each child attending a child daycare centre for the following:

Diphtheria
Tetanus
Polio
Pertussis
Rubella
Varicella
Meningococcal disease
Measles
Pneumococcal disease
Haemophilus influenza type B
Mumps

Where proof is not provided you must have the following waivers:

- A medical exemption, on a form provided by the Minister, that is signed by a medical practitioner or nurse practitioner, or a
- Written statement, on a form provided by the Minister, signed by the parent or legal guardian of his objection to the immunizations required by the Minister.

Note: Public Health will periodically review child files to ensure immunizations are completed for waivers that are present.

Medical History

Allergies

a) Please list any medication allergies:

b) Please list any food allergies:

c) Any other allergies?

Emergency Treatment

Please indicate any situations where emergency treatment and/or medication(s) may be required by your child (i.e.: EpiPen, puffers/inhalers, Benadryl, etc.)

Instructions:

Medical Health

Please indicate if your child has had any of the following:

- Measles
- Mumps
- Meningitis
- Rubella
- Chicken pox
- Pertussis (whooping cough)

Other Health Issues

Indicate if your child has any of the following:

- Asthma
- Eczema/Psoriasis
- Diabetes
- Epilepsy/seizures other

Local Physician

Name: Phone:

Does your child have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by staff?

Medical Treatment

Medication

If medication is required on a regular basis, or at a specified time, medication must be given to the child's educator, labeled with your child's name and dosage requirements, and a Medical Permission form must be completed.

Name of medication: Dosage:

Instructions:

Name of medication: Dosage:

Instructions:

Administration of Acetaminophen Consent

☐ No, I do not give consent for acetaminophen to be administered to my child.

☐ Yes, I give consent for acetaminophen to be administered to my child.

- I give consent for acetaminophen to be administered to my child provided I have been contacted first to provide oral consent and to indicate dosage.
- On picking up my child at the facility I understand I will be asked to sign a written acknowledgment that acetaminophen was administered with my consent.
- I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick up my child (within one hour).

Reason

☐ For fever above: º celsius ☐ For body Aches

☐ Other:

Additional Information

Indicate if there are any activities in which your child cannot participate:

Child Development

Self Help

In what way does your child need our help with the following self-help skills?

Dressing/Undressing:

Eating:

Toileting:

Handwashing/Toothbrushing:

Other: (ie: gross and fine motor skills):

Transitions

Are there any hints/suggestions you could share with us to make your child's transition to the centre more positive one?

The "Good Things in Life"

Tell us a few things about your child… What does your child like to do? (*i.e.: look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer/TV, imaginative play/dress-up*):

Other Info About Your Child

Is there anything else you would like to share with us about your child?

Parental Consent for Emergency Care and Transportation

☐ No, I do not give consent for emergency care and transportation of my child.

☐ Yes, I give consent for emergency care and transportation of my child.

- If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I(we) authorize the operator/administrator/staff of SCS Little Lights Early Learning Centre to take whatever emergency measures are necessary for the protection of (our) my child while in their care.
- I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle.
- I understand that this may be necessary prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

Consent for Walking Outings/Excursions off the Premises

☐ No, I do not give consent for walking outings/excursions off the premises.

☐ Yes, I give consent for walking outings/excursions off the premises.

- As a part of the day, walking trips may be taken off the premises, within the neighborhood. Consent will provide more flexibility and allow for more spontaneity in the planning.
- Consent forms for any motor transportation trips will be separate and for each outing.
- I give permission for my child to be able to participate in the walking trips.

Consent for Child to Walk/Bicycle to and From Centre Unattended

- [ ] No, I do not give consent my child to walk/bicycle to and from the centre unattended..
- [ ] Yes, I give consent for my child to walk/bicycle to and from the centre unattended.
  - [ ] I give consent for my school-aged child to travel to and from school unsupervised.
  - [ ] If my child does not arrive at the facility within the per-determined time period, the missing child or other procedures will be initiated to find him/her. I will advise the facility when my child is absent.

Consent for Video and Photographs

- [ ] No, I do not give consent for any video or images of my child to be used in any format.
- [ ] Yes, I give consent for any video or images images of my child to be used for the following:
  - [ ] Social Media such as Facebook, Instagram, etc.
  - [ ] Facility's website.
  - [ ] Publication (i.e.: promotional materials).
  - [ ] Illustrate child learning within the facility.

Shared Space Policy

We are a shared facility with Faith Bible Baptist Fellowship **or** Encounter Church so we need your permission to post first names and pictures of your child in the classrooms.

- [ ] No, I am not ok with my child's first name and picture being left up in the classroom.
- [ ] Yes, I am ok with my child's first name and picture being left up in the classroom.

Handbook Agreement

As a parent(s) of a student enrolled at Shine at SCS Little Lights Early Learning Centre, I/we hereby confirm that I/we have read the SCS Little Lights ELC Parent Handbook in full, understand its content, and agree that SCS Little Lights Early Learning Centre will carry out the policies and procedures as outlined in this handbook.

Father's Signature

Mother's Signature

Date

Date

Other Info

How did you learn about Sussex Christian School?

- [ ] Social media
- [ ] Newspaper
- [ ] Friend(s)
- [ ] Other (please specify):

Church Affiliation

Name of Church:

Phone Number:

Pastor's Name:

Attendance:

- Attend regularly
- No home church

Required Documentation

Forms and documents that are to be submitted to complete application.

Upon acceptance, additional documents must be signed and returned by the first day of attendance.

Completed forms/fees:

- Shine Registration Form
- $25 Registration Fee

Additional forms/documentation:

- Accept the online GNB offer for the Canada wide fee reduction.

Parent/Guardian Signature(s)

Father's Signature

Date

Mother's Signature

Date

FOR OFFICE USE ONLY

Date Rec'd: _____

Reg. Paid: _____

Amount: _____

Students: _____

Post-dates: _____

Comments: