Before & After School Care
Registration Form

DEER LAKE SCHOOL

CHILD'S PERSONAL INFORMATION

Please complete a separate form for each child registering

FULL NAME OF CHILD	USUAL NAME OF CHILD (if different)	GRADE

DATE OF BIRTH	GENDER ☐ MALE	☐ FEMALE

ADDRESS

POSTAL CODE	

PARENT OR GUARIAN INFORMATION

MOTHER/GUARDIAN	FATHER/GUARDIAN
ADDRESS (if different from above)	ADDRESS (if different from above)
HOME TELEPHONE	HOME TELEPHONE
CELL PHONE	CELL PHONE
EMPLOYER	EMPLOYER
WORK TELEPHONE	WORK TELEPHONE
HOURS AT THIS LOCATION	HOURS AT THIS LOCATION

ALTERNATE PERSON (S) AUTHORIZED TO PICK UP CHILD

(other than parent/guardian listed above, include emergency pickup) Check all that apply

NAME	RELATIONSHIP	TELEPHONE	AUTHORIZED TO CALL IN AN EMERGENCY	
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO

PERSON(S) THAT ARE NOT PERMITTED ACCESS TO MY CHILD ***Please Note* - if a parent of the child is on the NOT AUTHORIZED pick up list, a copy of a custody ordering must be supplied**		
NAME	RELATIONSHIP	CELL PHONE

CUSTODY AGREEMENT ☐ YES ☐ N/A

PROVIDED TO FACILITY ☐ YES ☐ NO ☐ N/A

CHILD'S IMMUNIZATION STATUS copy provided to the Facility

Is your child up to date on immunizations? ☐ YES ☐ NO ☐ NOT IMMUNIZED

COMMENTS

HEALTH INFORMATION

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	TELEPHONE

DOES YOUR CHILD HAVE:

A medical condition/concern? ☐ YES ☐ NO
If yes, please provide further information:

Allergies? ☐ YES ☐ NO
If yes, please provide further information:

Asthma? ☐ YES ☐ NO
If yes, please provide further information:

Has your child had a seizure in the past year? ☐ YES ☐ NO
If yes, please provide further information:

Food sensitivities? ☐ YES ☐ NO
If yes, please provide further information:

List all prescription and "over the counter" medications your child receives:		
MEDICATION	TIMES GIVEN	REASON FOR MEDICATION

EMERGENCY HEALTH INFORMATION	
CARE CARD NUMBER/PERSONAL HEALTH NUMBER	
FAMILY DOCTOR/CLINIC NAME	DOCTOR/CLINIC TELEPHONE
FAMILY DENTIST/CLINIC NAME	DENTIST/CLINIC TELEPHONE

CONSENT FOR EMERGENCY CARE		
I authorize the staff at Deer Lake School Before and After School Care to call a medical practitioner or ambulance/transport child to emergency medical care, in the case of accident or illness of my child if the parent cannot immediately be reached.	☐ YES	☐ NO
Please tell us anything you think will help us provide an enriching experience for your child such as describing your child's personality? Any hobbies and interests your child has?		

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION		
SIGNATURE	PRINT NAME	DATE

Office Use Only

Date application received at DLS: _____/ _____/ _____ _____
DD MM YY TIME

Date child leaves program: _____/ _____/ _____
DD MM YY