



For Office Use Only

Date of Admission: _____

Date of Discharge: _____

Before and After School Care Program

 Type of Child Care Required: Before After

Before - \$11.50/day After - \$11.50/day

Before & After Care - \$23.00 per day

Late Fees- \$5.00 for every 5 minutes

Hours of Care:

Hours of Operation	MON	TUES	WED	THURS	FRI
6:30 a.m. to start of school day					
End of school day to 6:00 p.m.					

Add Start time and pick up time per day needed

Child Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth (dd/mm/yyyy): _____

Home Address(es): _____

Postal Code: _____

Language(s) Spoken at Home: _____

Parent Information

Full Legal Name: _____

Preferred Name: _____

Relationship to Child: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email address(es): _____

Home Address: _____

 Same as Child

Full Legal Name: _____

Preferred Name: _____

Relationship to Child: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email address(es): _____

Home Address:

Same as Child

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special feeding arrangements?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Physical Requirements

Does your child use the washroom independently:

YES NO

Requires some assistance Requires full support

Please provide relevant details

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Excursions Off of the Before and After Care Services Program’s Property

I give permission for my child to go for walks within the community and off host school’s property.

Parent Initial: _____

The South Bruce Before and After School Program from time to time will engage in field trips and off-site activities. Permission forms will be sent home with each child attending the program on the event date. At the time, for a child to attend a field trip or off-site activity parents must complete the permission form

Authorization for Non-Prescription Skin Products

The following **non-prescription** items may be applied to my child in accordance with the manufacturer’s instructions on the original container (please check off):

- Sunscreen
- Insect repellent
- Lip balm
- Hand sanitizers
- Lotions

It is the parent or contact person's responsibility to take the child to the hospital. If the situation does arise in which the Municipality of South Bruce staff feels the child requires immediate attention and the program cannot reach the parent or contact person, the staff have the parent's permission to take him/her to the Hospital.

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: ‘Parent’ is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family and includes legal guardians.