



Student Information

Start Date:

ADMIN ONLY

ADMIN

Child's Full Name			
Civic Address (for 911)	Street	City & Province	Postal Code

Date Of Birth	Month	Day	Year	Gender	M or F	ADMIN
---------------	-------	-----	------	--------	--------	-------

Medical Information

(Please continue to PAGE 3 for more details)

Allergies?		Immunizations up to date?
Other?		Y N

Family Information

Mother's Name		H - PH #	
Address	If different from Childs	C - PH #	
Email Address		Wk - PH #	

Father's Name		H - PH #	
Address	If different from Childs	C - PH #	
Email Address	Provide only if you want 2 emails sent out	Wk - PH #	

Tell us something about your child:

Alternate Contact (for daily Pick ups and Emergencies)

Parents will always be contacted first in an emergency! This alternate person should be available to retrieve your child if you are not available this person should be someone you trust and who lives within a 15-min drive to the Learning Centre such as; family member, neighbour or friend. Should this alternate person change, you must alert us by email or written form with your signature.

Name:		Relation:		Cell Phone:	
911 Address (No PO Box #'s)		City/Province		Postal Code	

FT Before & After Fee: \$450/mo

- Includes PD days & listed breaks
- Pick up and drop off to Langdon school 5 days per week.
- No stat holidays
- Snacks are not included

Kinder Care Fee: \$720/mo

- Includes PD days and listed breaks
- No Stat holidays
- Includes pick up and drop off to Langdon School
- Snacks and Lunch not included

PT Before & After Fee: \$350/mo

- Pick up and drop off to Langdon school 5 days per week
- No stat holidays, no breaks or PD days
- Snacks are not included

**Transport to Sarah Thompson Fee: \$75/mo

- Based on availability & a 3rd party driver.

Authorization to Act in a Medical Emergency

In the event of a serious illness requiring medical attention, every effort will be made to notify the emergency contact person if the parent or guardian is unavailable. Every care and attention will be given to the health and comfort of the student.

I hereby authorize the Director or Head Teacher in charge to obtain or secure such medical advice and treatment as may be deemed necessary for health and safety of the student.

I agree to accept financial responsibility for and undertake to pay all costs resulting from the medical treatment. I also agree to release the teachers in charge at Langdon Learning Centre from any personal liability that may occur because of giving such medical attention either on or off the property.

Date

	Cannot be a digital signature
--	-------------------------------

(MM/DD/YYYY)

Parent or Guardian Signature

FOIP Requirement and Purpose Form

The information requested on all the forms within this registration package is considered confidential and will be treated accordingly. The information will be used at the discretion of the teacher in charge to assist in caring for the student’s health needs, particularly in the event of injury, or illness in the classroom or while attending a school field trip. Staff, Licensing officers, medical practitioners will have access to your child’s file and can review it at any given time. As a parent you also have the right to review your child’s file at any given time.

All matters discussed with parents or guardians either by email correspondence, volunteering or on a field trip will be held confidential and are not permitted to be shared with anyone other than the teachers and support staff present. You agree to legally abide by these rules and regulations even if your child no longer attends our program.

Pictures will be taken during activities for sharing them with the families enrolled in the program. **If a picture is selected to be used on our website for advertisement purposes, the parent or guardian will be contacted prior to and asked for written (email is acceptable) permission to post them.** You must refrain from posting any photos or videos taken at program events on any public media (i.e Facebook, Twitter) involving children other than your own, or teachers and support staff without their written consent to do so.

As the parent or guardian of the above-named child, I certify the information I have provided to Langdon Learning Centre is accurate and true. I have read the Parent Welcome Package provided and I acknowledge and understand the requirements for enrollment in this program. Any information provided that is untrue could result in immediate dismissal from the program.

	Cannot be a digital signature
--	-------------------------------

(MM/DD/YYYY)

Parent or Guardian Signature

MEDICATION CONSENT FORM

Please fill out the following information enabling our trained staff to administer medication to your child. Under government regulations, without proper consent, staff members are not permitted to administer any medication.

PERSONAL INFORMATION

Child's Name	
Birthdate (M/D/Y)	
Parent Name	
Parent Signature	
Date	



MEDICAL INFORMATION

Medical Issue			
Name of Medication			
Prescription #			
Date of Issue		Expiration Date	
Dosage		Time of Day Given	
When it needs to be administered?	i.e. Wheezing heavily, coughing heavily, throat is closing etc..		
Last time and date medication was administered by parent/ guardian/dayhome, prior to starting our program?			

Additional Comments (Instructions, Symptoms etc..) or medical history we should be aware of.

--

Name of Medication	Date Administered	Time Administered	Dosage Amount	Staff Signature

--	--	--	--	--

Types of Medicine & Devices



All medical devices must be left on site or transported daily.

This is a safety rule and is governed by our licensing requirements. Please ensure you have the following packaged in a clear Ziploc bag with your **child’s first and last name clearly written on the front.**

- The medicine/device must be in its **original container**/packaging with readable instructions
- The date on the container can **NOT BE EXPIRED.**
- A medical form (provided by Langdon Learning Centre) is filled out ****See Page 3**
- Provide us with a 3” x 5” close-up photo of your child’s face.

Our part in keeping your child safe

- We are a NUT AWARE program.
- We do not allow sharing of snacks amongst our students/teachers.
- We ask parents of children with severe allergies to supply a special treat for their child during group events
- 1 in every 4 staff members maintain their First Aid/CPR courses.

Thank you for assisting us to help keep your child safe while in our care.