**Student Information Start Date:**



 ADMIN ADMIN ONLY

 ADMIN ONLY

|  |  |
| --- | --- |
| **Child’s Full Name** |  |
| **Civic Address (for 911)** |  |  |  |

 **Street City & Province Postal Code**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date Of Birth** |  |  |  | **Gender** |   |  |

 **Month Day Year 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 #** |  |

**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 as close to the Langdon Learning Centre as possible. This could be a family member, neighbour or friend. **Should this alternate person change, you must alert us by email (see website)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Contact** |  | **Relation to Child** |  | **Cell #** |  |
| **Mailing Address** |  | **City** |  | **Postal** |  |

**Kinder Care** Fee: $772.50/mo

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

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

* Based on availability and numbers

**FT Before & After** Fee: $463.50/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
* Part time not available at this time

 **ADMIN ONLY**

$75 REG FEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAD FORM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAD FORM ENTERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Corp. 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 Handbook, also know as Program Plan, provided on our website.

You as the parent or guardian acknowledge and agree to our policies and procedures for enrollment eligibility. Any information provided that is misguided 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 **ONLY IF YOUR CHILD HAS AN ONGOING MEDICAL CONDITION THAT REQUIRES DAILY MONITORING OR REQUIRES ADMINISTRATION OF MEDICINE OR A MEDICAL DEVICE.** Under government regulations, without proper consent, staff members are not permitted to administer any medication.

**PERSONAL INFORMATION**

Insert Your Child’s Photo Here![C:\Users\Lori Caron\AppData\Local\Microsoft\Windows\INetCache\IE\C3FWTDWK\118086349[1].jpg]()s Photo Here

|  |  |
| --- | --- |
| 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** |
|  |  |  |  |  |
|  |  |  |  |  |

**Examples of Medicine & Devices**

![C:\Users\Lori Caron\AppData\Local\Microsoft\Windows\INetCache\IE\C3FWTDWK\kidsCoughSyrup[1].jpg]()





**Medicine left on site**

It is recommended that children who require medicine or medical devices have an extra one kept at the program for safety reasons.

Medication will be stored securely in our medical cabinet that is out of reach to children but accessible to adults. If medication requires refrigeration, it will be stored at the correct temperature. Medication will be stored in a clear baggie or container marked with your child’s name and photo along with the medical form (above – pg 3).

**Transporting Medicine**

If you plan to transport your child’s medication daily, it is your responsibility to ensure the medication is in your child’s backpack prior to attending the program. While at the program, the medicine will be stored in our medicine cabinet that is out of reach or children but quickly accessible to adults. It will be returned to your child’s backpack when the child is picked up daily from the program.

 **MEDICATION POLICY**

* All medication must be in a large Ziplock bag with your child’s full name written on the front in permanent marker.
* The medical form (above pg 3) must have your child’s photo along with all the pertinent information.
* The medicine/device must be in its **original container**/packaging with readable instructions
* The date on the container can **NOT BE EXPIRED.** The program will be monitoring the expiration dates and alert you two weeks prior to expiry to allow you time to replace the medication.
* We are a nut “aware” program. We do not allow nuts or nut products to be intentionally brought to our program, however, this is not always within our control. We will take every precaution necessary to reinforce this policy, but we cannot be held responsible should a nut product or gluten product be brought to the program without our knowledge.

**1 in every 4 staff members on site, must have their First Aid/CPR course.**

**1 in every 4 staff members must have their First Aid/CPR course.**

**PERSONAL INFORMATION FORM**



 **All ABOUT ME**

|  |  |
| --- | --- |
| My Name is:  |  |
| How old are you? |  |
| What grade are you in? |  |
| What school do you go to? |  |
| Do you have brothers or sisters? If so, what are their names & ages? |  |
| How long have you lived in Langdon? |  |
| Do you have any pets? What kind are they? What are their names? |  |

**MY FAVOURITE THINGS**

|  |  |
| --- | --- |
| Sports? |  |
| Books?  |  |
| Colour? |  |
| Board Games? |  |
| Snacks? (name 3)  |  |
| Outdoor activity? |  |
| Indoor activity? |  |

For My Parents to Fill Out

|  |  |
| --- | --- |
| What time are you most likely to drop off your child to our centre?  |  |
| What time are you most likely to pick up your child from our centre? |  |
| On average, do you require care for all PD days?  |  |

