



LANGDON LEARNING – OUT OF SCHOOL REGISTRATION FORM

2020/21

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
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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	

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: \$750/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 OR After Fee: \$350/mo

- Pick up OR 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: \$50/mo

- Based on availability and numbers

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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
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(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.

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(MM/DD/YYYY)

Parent or Guardian Signature


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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

Child's Name		Insert Your Child's Photo Here 
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

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Examples of Medicine & Devices



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.



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?	

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TECHNOLOGY WAIVER

We understand that technology is a fact of the present and the future, however, our goal is to discourage tech time in favour of imaginative play where we can practice our social skills and improve our confidence, therefore we are limiting tech time to a maximum of 20 min per day (10 min in the morning and 10 min after school)

Parents will need to sign the waiver below if you allow your child tech time and ensuring personal tablets or iPads have been set up with parental controls prior to children bringing them on the premises. LLCC will ensure that all the tablets we supply, have parental controls installed.

We reserve the right to remove tech time for a period or indefinitely from a child if they are not following the rules. The rules are but are not limited to; not adhering to the allotted time given, not showing respectful conduct, visiting inappropriate sites, using above normal voice levels, mis-handling the devices that can cause harm or breakage.

Yes! I agree to the above terms.

Parent Name (print)

Parent Signature

Date (mm/dd/yy)

NO! I do not allow my child tech time other than a learning video, school research or a movie on movie days.

Parent Name (print)

Parent Signature

Date (mm/dd/yy)

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