PLEASE FILL OUT ONE FORM FOR EACH CHILD

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| **CHILD’S INFORMATION** |
| **CHILD’S NAME:**  | **DOB:**  |
| **ADDRESS:**  |

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| **PARENT/GUARDIAN INFORMATION - FIRST CONTACT** |
| **NAME:**  |
| **ADDRESS:**  |
| **PHONE NUMBER:**  | **WORK NUMBER:**  |
| **EMAIL:**  |

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| **PARENT/GUARDIAN INFORMATION - SECOND CONTACT** |
| **NAME:**  |
| **ADDRESS:**  |
| **PHONE NUMBER:**  | **WORK NUMBER:**  |
| **EMAIL:**  |

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| **EMERGENCY CONTACTS/AUTHORIZED FOR PICK UP** |
| **NAME:**  | **NAME:** |
| **RELATIONSHIP:**  | **RELATIONSHIP:** |
| **PHONE:**  | **PHONE:** |
| **ALT PHONE:**  | **ALT PHONE:** |

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| **REQUEST FOR PICTURE CONSENT** |
| There are various times when pictures of the children will be taken, either by teachers, other parents or members of the media. We would like your permission to use these pictures of your child(ren) for fundraising, program promotion, social media and various artistic displays around the daycare/school. By marking an ‘**X**” in the box to the right, you acknowledge and give consent for pictures.  |

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| **MEDICAL/HEALTH CONDITIONS (seizures, diabetes, asthma, blood/heart disorders, etc)** |
| **MEDICATIONS REQUIRED:** (ANY ITEM WITH A DIN#) |
| **SPECIAL INSTRUCTIONS:**  |
| **EMERGENCY RESPONSE PLAN COMPLETED:** | YES:  |  | NO:  |  |
| **ALLERGIES/SENSITIVITIES** |
| **FOOD**:  | **REACTION**:  |
| **MEDICATION**:  | **REACTION**:  |
| **INSECT**:  | **REACTION**:  |
| **ANAPHYLAXIS EMERGENCY PLAN FORM COMPLETED:** | YES:  |  | NO:  |  |
| **I HEREBY GIVE PERMISSION FOR SJBCC STAFF TO ARRANGE MEDICAL TREATMENT FOR MY CHILD** | YES |
| **REST (TODDLER: COTS PRESCHOOL: COTS)** |
| **SPECIAL INSTRUCTIONS:**  |

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| **PARENT ACKNOWLEDGEMENT - PLEASE READ****BY ELECTRONICALLY SIGNING, YOU AGREE & UNDERSTAND THE FOLLOWING:** |
| * I HAVE READ SJBCC PARENT HANDBOOK AND AGREE TO COMPLY WITH THE RULES & REGULATIONS SPECIFIED
 | * I UNDERSTAND THAT SJBCC MAY DECLINE A CHILD DUE TO PHYSICAL AND/OR VERBAL AGGRESSION TOWARDS STAFF OR OTHER CHILDREN OR IF THE SAFETY OF THE CHILD/OTHERS IS AT RISK
 |
| * MY CHILD IS ABLE TO PARTICIPATE IN THE FULL RANGE OF ACTIVITIES
 | * I WILL NOT HOLD SJBCC, IT’S STAFF OR VOLUNTEERS RESPONSIBLE FOR ACCIDENTS WHICH MAY OCCUR
 |
| * I GIVE CONSENT TO ALLOW SJBCC STAFF TO COMMUNICATE WITH MY CHILD’S SCHOOL ABOUT ITEMS THAT CONCERN MY CHILD
 | * I UNDERSTAND THE LEGAL OBLIGATION OF THE STAFF TO REPORT ANY SUSPECTED ABUSE
 |
| * I PERMIT MY CHILD TO GO ON SUPERVISED EXCURSIONS OUTSIDE SJBCC
 | * I GIVE CONSENT FOR SJBCC STAFF TO APPLY SUNSCREEN, LOTION, LIP BALM, BUG SPRAY, HAND SANITIZER AND DIAPER CREAM
 |
| * I WILL NOT HOLD SJBCC RESPONSIBLE FOR LOST OR STOLEN ITEMS
 | * I UNDERSTAND THAT A LATE FEE OF $20 FOR EVERY 10 MINS WILL APPLY WHEN CHILDREN ARE PICKED UP AFTER THE CENTRE’S CLOSING TIME
 |
| **NAME:**  | **DATE:**  |

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| **REGISTRATION** |

**PLEASE SELECT YOUR CHILD’S PROGRAM LOCATION BY PLACING THEIR INITIALS IN THE CORRESPONDING BOX**

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| **BOSCO SITE** | **ANGE SITE** | **ST. FRANCIS SITE** | **JL JORDAN SITE** |
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**PLEASE SELECT YOUR CHILD’S PROGRAM BY PLACING THEIR INITIALS IN THE CORRESPONDING BOX**

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| **TODDLER**(12 MOS - 2.5 YRS) | **PRESCHOOL**(2 YRS - 4 YRS) | **KINDERGARTEN**(4-6 YRS) | **JR SCH AGE**(6-9 YRS) | **SR SCH AGE**(9-12 YRS) |
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**PLEASE SELECT YOUR CHILD’S CARE REQUIRED (PLEASE MARK ALL THAT APPLY)**

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| **FULL TIME****(5 DAYS/WEEK)** | **PART TIME****(<5 DAYS/WEEK)** | **SCHEDULED (ROTATING DAYS/WEEK)** | **BEFORE****SCHOOL** **CARE** | **AFTER****SCHOOL****CARE** |
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| **FOR PART TIME INDICATE DAYS REQUIRED: MON 𑂽 TUES 𑂽 WED 𑂽 THURS 𑂽 FRI 𑂽**  |
| **SCHEDULED FAMILIES ARE REQUIRED TO PROVIDE A CALENDAR OF DAYS FOR CARE A WEEK PRIOR TO THE BEGINNING OF EACH MONTH FOR BILLING AND SCHEDULING PURPOSES.**  |

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| **PAYMENT** | **INITIAL** |
| **2 WEEK DEPOSIT** | **REQUIRED AT TIME OF REGISTRATION ONLY REFUNDABLE IF CHILD STARTS CARE** |  |
| **ACTIVITY FEE** | **INVOICED IN SEPTEMBER & JULY ($25/CHILD)** |  |
| **REGISTRATION FEE** | **PAYABLE IMMEDIATELY, NON REFUNDABLE, NEW FAMILIES ONLY** |  |
| **MONTHLY INVOICES** | **PAYABLE UPON RECEIPT (PAST DUE IF NOT PAID IN FULL BY END OF MONTH) - I hereby acknowledge that I am responsible to pay my child's monthly invoice as provided by St. John Bosco Children's Centre** |  |
| **I HAVE READ & UNDERSTOOD SJBCC FEE POLICY AS OUTLINED IN THE PARENT HANDBOOK** |  |

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| **OFFICE USE ONLY:** | **START DATE:** | **END DATE:** |