![Logo, company name

Description automatically generated]()

REGISTRATION-EMERGENCY FILE

1. Child/Youth Full Legal Name \_\_\_Click or tap here to enter text.

**Child’s Address**: \_\_Click or tap here to enter text.

2. **Health Care No**.\_\_ Click or tap here to enter text. Male  Female

3. Date of Birth (M/D/Y) Click or tap here to enter text. Birth certificate required for Kindergarten only

4. Mother’s Full Name \_ Click or tap here to enter text.

Home Phone: \_Click or tap here to enter text.Work: \_\_Click or tap here to enter text.Cell: \_\_Click or tap here to enter text.

Mother’s Email: Click or tap here to enter text.

5. Mother’s **Home Address**\_\_Click or tap here to enter text.\_ Postal Code: \_Click or tap here to enter text.

Street/Box number or site, etc. Town Province

6. Father’s Full Name \_\_\_\_Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Work Phone: Click or tap here to enter text.Cell: Click or tap here to enter text.

Father’s email: Click or tap here to enter text.

7. Father’s **Home Address**: \_\_Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Street/Box number or site, etc. Town Province

9. Alternate Pick-Up

a. If someone other than yourself will be picking up your child, please state who that will be:

Name: \_\_\_\_\_\_Click or tap here to enter text. Relationship to child: \_\_Click or tap here to enter text.

Phone #\_\_\_Click or tap here to enter text. Cell l#\_\_Click or tap here to enter text.

b.\* Please name anyone who may **NOT**pick up your child:

Name: \_\_\_\_Click or tap here to enter text. Relationship to child: \_\_Click or tap here to enter text.

10. Emergency Contact:

If you cannot be reached, in the case of an emergency, please provide names of 2 people who live nearly and can be contacted and pick-up your child within 30 minutes on your behalf:

Name: \_\_\_Click or tap here to enter text. Name: \_\_\_Click or tap here to enter text.

**Address**: \_\_\_\_Click or tap here to enter text. **Address**:\_\_Click or tap here to enter text.

Phone: \_\_\_\_Click or tap here to enter text. Phone: \_\_Click or tap here to enter text.

Relationship to child: \_\_\_\_Click or tap here to enter text. Relationship to child: \_Click or tap here to enter text.

Program Registration - Please indicate your preference with an X:

|  |  |  |
| --- | --- | --- |
| Toddler Monday (9:15-2:30) | Playschool Monday (9:00-2:30) | Jr. Kindergarten (Jr.K) Tuesday (8:45-2:15) |
| Toddler Tuesday (9:15-2:30) | Playschool Tuesday (9:00-2:30) | Jr. K Wed. & every 2nd Monday (8:45-2:15) |
| Toddler Wednesday (9:15-2:30) | Playschool Wednesday (9:00-2:30) | Jr. K Thursday (8:45-2:15) |
| Toddler Thursday (9:15-2:30) | Playschool Thursday (9:00-2:30) | Jr. K Friday & every 2nd Monday (8:45-2:15) |
| Toddler Friday (9:15-2:30) | Playschool Friday (9:00-2:30) | Extended Hours Jr. K (8:00 – 4:30) |
| Toddler Extended Hours (8-4:30) | Playschool Extended Hours (8-4:30) | Outdoor Adventures (ODA) Wed. (9:00-2:30) |
| OSC (Afterschool) 3:00-5:30 | Kindergarten Thurs & Fri & every 2nd Mon | Outdoor Adventures Tues. & every 2nd Mon. |
| Pick up from local schools | Kindergarten Hours 9:00 – 3:00 | ODA Extended Hours (8:00-4:30) |

Please e-transfer your registration fee to [kcs78payments@gmail.com](mailto:kcs78payments@gmail.com)

**You must include in the memo field: 1. Name of child(ren), 2. Program and 3. Day requested. Use the password is kcs1978**

Registration fee - $25 dollars per Family (non-refundable)