

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

**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)