

Christ the King School
INSERVICE DAY CHILD CARE REGISTRATION FORM 2016-2017
(PILOT PROGRAM)

FEBRUARY 17, MARCH 3, 24
KINDERGARTEN TO GRADE 6 STUDENTS ONLY

PLEASE PRINT CLEARLY

Students First Name	Last Name	Grade (K-6)
Father's Name		Mother's Name
Daytime Phone		Daytime Phone
Father's Email		Mother's Email
CUSTODY: Are there any custody restrictions related to this child? <input type="checkbox"/> YES <input type="checkbox"/> NO		

MEDICAL INFORMATION

Manitoba Medical # (6 digits)	PHIN (9 digits)
Doctor's Name	Doctor's Phone No.
Is your child currently taking any physician prescribed medication?	
Please list any allergy medication currently being taken, reasons, and how often	

Life Threatening Allergy <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please list details in the space provided below. Students are responsible to carry their own Epi-pen and inhaler.
Prescribed an Epi-Pen <input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma <input type="checkbox"/> YES <input type="checkbox"/> NO	
Bleeding Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Condition <input type="checkbox"/> YES <input type="checkbox"/> NO	Emergency contact information (Name and phone number)
Seizure Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO	

I _____ give permission to my child(ren) to attend the child care program during the _____
 (Parent's name)
 inservice days listed above.

I have attached a cheque payable to Christ the King School for \$99.00 (\$33.00 per day X 3 days)
 X _____ student(s) = _____

 Parent's Signature

 Date