

Christ the King School

INSERVICE DAY CHILD CARE REGISTRATION FORM 2023-2024

KINDERGARTEN TO GRADE 6 STUDENTS ONLY
 For Oct. 3, Oct. 20, Nov. 10, Nov. 24, Feb. 16, Mar. 1, Mar. 22, Apr. 12, June 14
 8:00 am – 5:00pm

PLEASE RETURN THIS REGISTRATION FORM WITH PAYMENT BY SEPTEMBER 30, 2023

IF CHOOSING OPTION 2 PLEASE SUBMIT THIS FORM AT LEAST 1 WEEK PRIOR TO THE DAY CARE IS REQUIRED

PLEASE PRINT CLEARLY

Students First Name	Last Name	Grade (K-6)
Parent 1 Name:	Parent 2 Name:	
Daytime Phone:	Daytime Phone:	
Parent 1 Email:	Parent 2 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	
Seizure Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency contact information (Name and phone number)	

I am interested in having my child(ren) attend the child care program on the Inservice days listed above.

Option 1 – all 9 days: (\$261 per child - \$29/day x 9)

_____ I have attached a cheque dated September _____, payable to Christ the King School for **all 9 days**

Option 2 – individual days - \$37/day per child (Please submit 1 week prior to the first Inservice day):

_____ I have attached a cheque for \$_____ (____ days x \$37.00 for ____child/ren) payable to Christ the King School for the following dates only: _____

Parent's Signature

Date

*Fees will **not** be reimbursed for any days missed. **There is a \$5.00 charge for every 5 minutes late past 5:00PM.**