

# Christ the King School

## INSERVICE DAY CHILD CARE REGISTRATION FORM 2024-2025

**KINDERGARTEN TO GRADE 6 STUDENTS ONLY**

For Oct. 25, Nov. 8, Nov. 29, Jan. 31, Feb. 14, Mar. 14, Mar. 28, Apr. 11, June 13

8:00 am – 5:00pm

**PLEASE RETURN THIS REGISTRATION FORM WITH PAYMENT BY SEPTEMBER 30, 2024**

**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.       Emergency contact information ( Name and phone number)
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	

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

**Option 1 – all 9 days: (\$279 per child - \$31/day x 9)**

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

**Option 2 – individual days - \$39/day per child (Please submit 1 week prior to the first Inservice day):**

\_\_\_\_\_ I have attached a cheque for \$\_\_\_\_\_ (\_\_\_\_ days x \$39.00 for \_\_\_\_ child/ren) payable to Christ the King School for the following dates only: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\*Late fee of \$20 if not registered the week before, late fee of \$50 if no notice given at all (shows up on day).**

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