

Christ the King School

INSERVICE DAY CHILD CARE REGISTRATION FORM 2025-2026

KINDERGARTEN TO GRADE 6 STUDENTS ONLY

For Oct. 24, Nov. 7, Nov. 10, Nov. 28, Feb. 13, Mar. 6, Mar. 20, Apr. 17, June 12

8:00 am – 5:00pm

PLEASE RETURN THIS REGISTRATION FORM WITH PAYMENT BY SEPTEMBER 30, 2025

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 sent or attached payment for all 9 days

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

_____ I have sent or attached payment for the following dates only:

**Payments may be made by E-transfer to finance@ctkschool.ca or cheque payable to Christ the King School.

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.**