



REGISTRATION FORM 2022

CHILDREN'S DETAILS:			
Full name of child:			
Name usually known by:			
Date of Birth:	Sex:	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Home Address:			
Postcode:	Home Phone:		
Name of the School:	Grade:		
	Kindergarten:	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Mother's Details:			
Mother's name:			
Phone number:	Mobile phone number:		
Email address:			
Home Address (if different from child's:			Postcode:

Father's Details:			
Father's name:			
Phone number:	Mobile phone number:		
Email address:			
Home Address (if different from child's:			Postcode:

Who has parental responsibility?			
Name:		Phone Number:	
Are there any contact restrictions (if yes please give details below)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Details:			

Emergency Contacts: (Not Living with the child and No PO Box)	
Name:	
Telephone Number:	Relationship to child:
Address:	
Name (2):	
Telephone Number:	Relationship to child:
Address:	

SCHEDULES:									
PROGRAMS ✓	<input type="checkbox"/> EXTENDED KINDERGARTEN			<input type="checkbox"/> OUT OF SCHOOL CARE			<input type="checkbox"/> SUMMER CAMP		
Day	Morning			Afternoon			Full Day		
Monday	From:		To:		From:		To:		
Tuesday	From:		To:		From:		To:		
Wednesday	From:		To:		From:		To:		
Thursday	From:		To:		From:		To:		
Friday	From:		To:		From:		To:		

MEDICAL DETAILS:
Medical Details Does your child have any medical issues that we should be made aware of? Please give details below: <input type="checkbox"/> YES <input type="checkbox"/> NO Details:
Allergies Does your child have any allergies that we should be made aware of? Please give details below: <input type="checkbox"/> YES <input type="checkbox"/> NO Details:
Long Term Medication Is your child on any long-term medication that we should be made aware of? Please give details below: <input type="checkbox"/> YES <input type="checkbox"/> NO Details:
Special Dietary Requirements Does your child have any special dietary requirements? e.g. Vegetarian. Please give details below: <input type="checkbox"/> YES <input type="checkbox"/> NO Details:
Immunization Records Is your child Immunization Records Up-to-date? Please ✓ below: * Include COVID-19 Vaccine <input type="checkbox"/> YES <input type="checkbox"/> NO

Collection Arrangements			
Who is authorized to collect your child from the center other than parents? Your child will only be allowed to leave the center with people listed here. Any changes to this information should be made in writing to the Center Director. <u>*Government Issued Picture ID will require upon pick up</u>			
Name:		Relationship to child:	
Address:		Phone Number:	
Name:		Relationship to child:	
Address:		Phone Number:	

PERMISSIONS:		
Do you give the Center permission to take photographs of your child for development files?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the Center permission to use sun-cream (factor 15+)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the Center permission to administer first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the Center permission to take your child on outings to parks and playground etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Liability Waiver

✓ I hereby certify that my child is/are in good physical condition and do/does not suffer from any disability that prevents or limits his/her participation in all activities conducted by undefined. I acknowledge that undefined will not assume any responsibility or liability for personal injury or damages caused by the injury. In the event undefined is unable to reach a parent, guardian or any emergency contact, I hereby give permission for my child to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize(s) any of the staff or employees of **FUN KIDS CLUB INC. Calgary** to provide for, approve and authorized health care at hospital.

Photo Release Waiver



I hereby grant and authorize undefined the right to take, edit, copy, publish, distribute and make use of any and all pictures or video taken of my child to be used in and/or for legally promotional materials and digital communications. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of and will not be returned.

Monthly Fee

✓ I understand and acknowledge that the fee due for my child's program's place is to be paid per calendar month and is paid one month in advance and none- refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the program. I understand that failure to pay said fees may result in loss of childcare provision.



Any participation in our services as Parents / Legal Guardians will constitute acceptance of our policies and implementation.

Signature:

Date:

Administration only:

Registration #:
(ProCare) Parent Code:
Date Registration:



FUN KIDS CLUB CALGARY
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