

**Christ the King School**  
**INSERVICE DAY CHILD CARE REGISTRATION FORM 2017-2018**

**KINDERGARTEN TO GRADE 6 STUDENTS ONLY**

**For September 22, 25, Oct. 6, 20, 23, Nov. 3, 24, Feb. 16, Mar. 2, 23, June 15**

**8:00 am – 5:30pm**

**PLEASE RETURN THIS REGISTRATION FORM BY SEPTEMBER 8<sup>TH</sup>**

**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	Emergency contact information ( Name and phone number)
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 11 days: (\$297 per child - \$27/day x 11))**

\_\_\_\_\_ I have attached a cheque dated September 8, 2017, payable to Christ the King School for **all 11 days**

**Option 2 – individual days - \$35/day per child (Please submit 5 days prior to the first Inservice day):**

\_\_\_\_\_ I have attached a cheque for \$\_\_\_\_\_ ( \_\_\_ days x \$35.00 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.