

Christ the King School

INSERVICE DAY CHILD CARE REGISTRATION FORM 2020-2021

KINDERGARTEN TO GRADE 6 STUDENTS ONLY

For Nov. 27, Feb. 12, Mar. 5, 26, June 18

8:00 am – 5:00pm

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)
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.

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.