

Contract for Before & After School Services

Please note: The registration package is comprised of the contract, pre-authorization form, and banking information/void cheque. Forms must be filled out in their entirety (including postal code, health number, etc.) and the complete package returned to beforeandafterschool@prestonearlylearning.ca for your application to be processed. Contract concludes at school end in June 2023 or with 2 weeks written notice. A \$30 non-refundable yearly registration fee will be charged on June 30th, 2022.

Preston Early Learning Locations: Chief Whitecap Holy Family Holliston

| Child Information | | | | | |
|--|--------|---|----------------------------------|---|--------|
| Child's Name: | | Child's Name: | | Child's Name: | |
| DOB: | Sex: | DOB: | Sex: | DOB: | Sex: |
| Health # | | Health # | | Health # | |
| Medical Concerns: Allergies: Medications: Other: | | Medical Concerns: Allergies: Medications: Other: | | Medical Concerns: Allergies: Medications: Other: | |
| Does your child have an EA in school? <input type="radio"/> Yes <input type="radio"/> No | | Does your child have an EA in school? <input type="radio"/> Yes <input type="radio"/> No | | Does your child have an EA in school? <input type="radio"/> Yes <input type="radio"/> No | |
| Family Physician's Name: | | | Family Physician's Phone Number: | | |
| Please indicate a tentative schedule by checking the days needed in the chart below | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM Care | | | | | |
| PM Care | | | | | |
| Both Am & PM | | | | | |
| Parent/Guardian Information | | | | | |
| Parent/Guardian Name: | | | Parent/Guardian Name: | | |
| Current Address: | | | Current Address: | | |
| Email Address: | | | Email Address: | | |
| Personal Phone Number: | | | Personal Phone Number: | | |
| Work Phone Number: | | | Work Phone Number: | | |
| Please provide information for 2 contacts in case of emergency or alternate pick ups (ID will be needed at pick up) | | | | | |
| Name: | | | Name: | | |
| Relationship: | | | Relationship: | | |
| Personal Phone Number: | | | Personal Phone Number: | | |
| Work Phone Number: | | | Work Phone Number: | | |
| Please indicate if you consent to your child participating in excursions by checking the box below | | | | | |
| <input type="radio"/> I consent to my child participating in excursions not involving transportation such as neighbourhood walks | | | | | |
| Please indicate if you consent to the following media release for your child by checking the box below | | | | | |
| <input type="radio"/> I consent to my child being photographed or video taped during childcare activities for parent communication, the company website, instructional videos, and media releases. | | | | | |

I certify that the above information is accurate to the best of my knowledge.

Signature: _____ Date: _____