

**BRIGHTON CHILDREN'S CENTRE**

**Before & After School Registration Form**

**2010/2011**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**EMERGENCY CONTACT PERSON (OTHER THAN PARENTS)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**NAME OF PERSONS TO WHOM THE CHILD MAY BE RELEASED**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

**MEDICAL INFORMATION**

Physician: \_\_\_\_\_ Health Card #. (optional): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please indicate which of any of the following communicable diseases your child has had:

Red Measles \_\_\_\_\_ Rubella(German Measles) \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Pertussis(Whooping cough) \_\_\_\_\_ Mumps \_\_\_\_\_ Hepatitis A \_\_\_\_\_ B \_\_\_\_\_

Other \_\_\_\_\_

List any Allergies \_\_\_\_\_

Does your child take any medication daily? YES NO Please list \_\_\_\_\_

Special requirements for diet, rest and exercise? \_\_\_\_\_

Any symptoms indicative of ill health? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Signature

Date

<p><b>Office use only:</b> Registered days: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___</p> <p>Before School only _____ After School only: _____ Both: _____</p> <p>Monthly Fee \$ _____ \$20 Registration Fee Paid? _____</p> <p>Date of Admission _____ Date of Withdrawal _____</p> <p>Grade: _____ Teacher: _____</p>
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