

Fernie Prep School Registration Forms

Childs Name _____ D.O.B. (m/d/y) ___/___/___
Childs gender M F

Child Lives with	Father / Guardian	.	Mother / Guardian
Name	_____		_____
Phone (H)	_____		_____
Phone (W)	_____		_____
Phone (C)	_____		_____
Email	_____		_____
Home Address	_____		
Incl Postal Code	_____		_____
	_____		_____
Employer	_____		_____
Daytime Address	_____		
	_____		_____

We Require the daytime information for the Parent(s) [Above] and one other Person who could be contacted in the event of an emergency. Alternate Emergency contacts have automatic Pick-up privileges in an emergency. Please list people who may pick up your child from time to time and indicate if we may contact them in an emergency. We will always attempt to contact parents first.

Name	_____		_____
Phone (H)	_____		_____
Phone (W)	_____		_____
Phone (C)	_____		_____
Use Alternate contact in an emergency?	Yes	No	Yes No

You may list up to 2 other people who are authorized to pick up your child.

Name	_____		_____
Phone (H)	_____		_____

Are there specific individuals who are not allowed access to your child? _____

Please provide a copy of any relevant court orders regarding parental access.

Start Date (m/d/y): ___/___/___ Grade/School ___/___ Termination Date: ___/___/___

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Dr.'s Name _____ Dr.'s Phone _____

Illnesses, Allergies and other Medical information: (Please mark all items that apply to this child) (please attach immunization records.)

- | | |
|---|--|
| <input type="checkbox"/> Immunizations are up-to-date | <input type="checkbox"/> Ear infections |
| <input type="checkbox"/> Chose Not to immunize | <input type="checkbox"/> Has tubes in ears |
| <input type="checkbox"/> Allergy: Life Threatening | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Allergies: Food | <input type="checkbox"/> Sore throats |
| <input type="checkbox"/> Allergies: Environmental | <input type="checkbox"/> Colds |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> UTI |
| <input type="checkbox"/> Asthma with Puffer | <input type="checkbox"/> Stomach upset |
| <input type="checkbox"/> Hard-of-Hearing | <input type="checkbox"/> Lactose intolerant |
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Other |
| <input type="checkbox"/> ODD | <input type="checkbox"/> Meds: Lock Box |
| <input type="checkbox"/> FASD | <input type="checkbox"/> Meds: Self Administered |
| <input type="checkbox"/> Other | <input type="checkbox"/> (Puffer/EpiPen) |

**Explanation of allergies, illnesses and other medical notes:
(if your child has a allergy or sensitivity please fill out our care plan / allergy form)**

Allergies: _____

Hearing/Vision issues: _____

Other: _____

Date : **D / M / Y**

Parent Signature: _____

All Personal and medical information collected by Fernie School Aged Care in the registration package becomes part of the Child's record. It is considered to be confidential and is protected by our Confidentiality Policy.
Email addresses provided by parents will be added to our confidential email list and will be used to enhance communication with parents in our program.

Parents initials _____

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BC CARE # _____

I have read and my child has read (or been read to) and explained the Fernie school aged care Parent handbook/ policies . By signing I agree to the FSAC policies and procedures and guidelines and all included in the handbook.

_____/_____/_____
Parent / Guardian Signature Date

FSAC Fees & repayments

Monthly Payments are due on or before the First working day of the month.

Full day Fridays fees are due the Friday before the attendance.

Drop in fees are due 48hrs prior to the day.

We ask that fees are paid by e-transfer to director.fsac@gmail.com

One month written notice must be given to withdraw your child.

Once the 1 month notice is given all additional payments will be refunded in full from the end of the month onwards.

Eg: If you give notice mid September, the month carries you onto mid October, payments from November onwards will be refunded in full.

Please see the director for payment plans and options.

OFFICE USE ONLY

To be filled out by Fernie School Aged Care [Circle Components: Full Time / Drop in / Fridays]		
Siblings (if any) _____		
Registration Fee \$ _____	Paid by (chq #, Cash etc) _____	Date paid ____/____/____
Full Monthly Fee \$ _____	Subsidy Amount \$ _____	Subsidy Review Date ____/____/____
Notes _____		
_____ File reviewed by : _____		

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Permission to call Ambulance (and agrees to incur all costs)

I _____ (parent/guardian) give permission for Fernie School Aged Care ltd to call a ambulance in an emergency.

Signed _____

Print Name _____

Date ____/____/____

Media Release

I _____ (parent/guardian) give permission for Fernie School Aged Care ltd to take pictures of _____ (child's name) to use in classroom & local newspapers.

Signed _____

Print Name _____

Date ____/____/____

Field Trip permission.

I _____ (parent/guardian) give permission for Fernie school aged care ltd to take my child _____ on a walk/hike/Field trip to James White park & surrounding community.

These trips will be taken regularly through the school year and on camp weeks.

Signed _____

Print Name _____

Date ____/____/____