OUT OF SCHOOL CARE REGISTRATION

Just'N Out of School Care
8405 175 Street
Edmonton, AB

Phone: 780-919-7471, 780-966-4091
Email: newjustn@shaw.ca
www.justnoutofschoolcare.com

Date:

STUDENT INFORMATION

Child's Last name:
First name:
Middle name:
Birthdate:
Child's Address:

Child's Phone:
Child's School:

PARENT/GUARDIAN INFORMATION

Name (1):
Address:
State/Province:
Zip/Postal Code:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

Name (2):
Address:
State/Province:
Zip/Postal Code:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

EMERGENCY CONTACT

Name (1):
Address:
State/Province:
Zip/Postal Code:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

Name (2):
Address:
State/Province:
Zip/Postal Code:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

Those to whom the child may be released too:

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MEDICAL INFORMATION

Doctor:			
Address:		**Phone:**	
Hospital:		**Phone:**	
AHC Number:			
Allergies:			
Medications:			
Medical issues:			

IMMUNIZATION

Has your child attended an immunization clinic? ☐ Yes ☐ No

Last clinic attended: Phone:

Previous Immunizations- please insert dates:

Whooping cough	**Date:**		Tetanus	**Date:**	
Diptheria	**Date:**		Salk polio	**Date:**	
Rubella	**Date:**		Measles	**Date:**	
Mumps	**Date:**				

Which childhood diseases has your child had?

Mumps	☐ Check Box	Measles	☐ Check Box
Chicken Pox	☐ Check Box	Scarlet Fever	☐ Check Box

Does your child have eczema, asthma or such condtions?

Please describe the aggravating circumstances, reactions and procedures to take place:

Has your child had any serious illness or operation? Does your child have any medical handicap or illness?

Please explain:

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CHILD'S HISTORY AND RELEVANT INFORMATION

What type of activities/ hobbies do you feel your child would be most interested in?
Does your child have any fears/apprehensions?
Form of discipline used in the home?
Previous child care experience?
Please provide any further information you feel would be helpful?

Child will arrive at the program at: Date/Time Field

Child will leave the program at: Date/Time Field

Are there any court orders or limitations that affect the child's arrival/pickup or access to a parent or guardian? Please Note: In order to legally enforce a court order limiting access we MUST have a copy on file. This is the parent's responsibility.

I certify that the information contained in here is as accurate as possible and agree to update said forms as soon as any changes may occur.

Parent/ Guardian Signature **Date:**

Child's start date: **Termination date:**

Reason for termination

Just'n OSC representative signature

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