OUT OF SCHOOL CARE REGISTRATION

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

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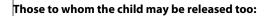
Just'N Out of School Care 8405 175 Street Edmonton, AB

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

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:	



OUT OF SCHOOL CARE REGISTRATION



MEDICAL INFORMATION

Doctor:								
Address:					Phone:			
Hospital:					Phone:			
AHC Number:								
Allergies:								
Medications:								-
Medical issues:								
IMMUNIZATION	1							
Has your child atter	nded an immu	unizati	on clinic? 🔲 Yes		🗌 No			
Last clinic attended:					Phone:			
Previous Immuniza	tions- please i	nsert	dates:					
Whooping cough	Date:				Tetanus	Date:		
Diptheria	Date:				Salk polio	Date:		
	Date:					Date:		
Rubella	Date:				Measles	Date:		
Mumps	Date:							
Which childhood di	iseases has yo	our chi	ld had?		1			
Mumps	Check E		Measles		Check Box			
Chicken Pox	🗌 Check E	Box	Scarlet Fever		Check Box			
Does your child hav	ve eczema, ast	thma c	or such condtions?					
Please describe the a					cedures to take pla	ce:		
	.gg				p			
Has your child had	any serious ill	ness o	r operation?	Doe	s your child have a	ny medical har	ndicap or illness?	
Please explain:								

OUT OF SCHOOL CARE REGISTRATION



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 gu Please Note: In order to legally enforce a court order limiting access we MUST have a copy on file. This parent's responsibility.	
I certify that the information contained in here is as accurate as possible and agree to update said form soon as any changes may occur.	is as
Parent/ Guardian Signature Date:	
Child's start date: Termination date:	

Just'n OSC representative signature

Reason for termination