



**PRE-SCHOOL ENROLLMENT FORM**

|   |   |                                |
|---|---|--------------------------------|
| <b>START DATE:</b><br><br>D / M / YEAR  | <b>NUMBER OF DAYS PER WEEK:</b><br>FULL DAY<br>AM<br>PM<br>MON TUE WED THUR FRI |                                |
| <b>CHILD'S NAME:</b>  |   |                                |
| <b>SURENAME</b>   | <b>FIRST NAME</b>   | <b>MIDDLE NAME (NAME USED)</b> |
| <b>DATE OF BIRTH(D/M/Y):</b> /    /   | <b>AGE:</b>   | <b>MALE/ FEMALE</b>            |
| <b>DOES THE STUDENT LIVE WITH: BOTH PARENTS/ MOTHER/ FATHER/ GRAND PARENTS/ OR ETC... PLEASE EXPLAIN? PLEASE PROVIDE ANY COURT ORDERS TO THE SCHOOL.</b>                        |   |                                |
| <b>IF PARENTS ARE DIVORCED OR SEPARATED, WHO IS THE CUSTODIAL PARENT?</b>   |   |                                |
| <b>ADDRESS:</b>   | <b>CITY:</b>  |                                |
| <b>POSTAL CODE:</b>   | <b>HOME TEL #:</b>  |                                |
| <b>HOW DID YOU LEARN ABOUT INVENTIVEMINDS ACADEMY?</b><br>FLYER    FREINDS SIGN    YELLOWPAGES    T.V.    WEBSITE    PARENTING MAGAZINE    OTHER<br><br><b>(PLEASE EXPLAIN)</b> |   |                                |



**PARENT/ GUARDIAN INFORMATION**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH (D/M/Y): \_\_\_\_\_

|   |                     |                          |                     |               |
|---|---------------------|--------------------------|---------------------|---------------|
| <b>MARITAL STATUS:</b> <b>MARRIED</b> <b>DIVORCED</b> <b>SEPERATED</b> <b>SINGLE</b>  |                     |                          |                     |               |
| <b>FATHER'S INFORMATION</b>   |                     |                          |                     |               |
| <b>NAME:</b>  |                     | <b>WORK TELEPHONE #:</b> |                     |               |
| <b>HOME TELEPHONE #:</b>  |                     | <b>CELL TELEPHONE #:</b> |                     |               |
| <b>E-MAIL ADDRESS:</b>  |                     | <b>OCCUPATION:</b>       |                     |               |
| <b>EMPLOYER'S ADDRESS:</b>  |                     |                          |                     |               |
| <b>ADDRESS:</b>   |                     | <b>CITY:</b>             | <b>POSTAL CODE:</b> |               |
| <b>HOME ADDRESS IF DIFFERENT FROM THE CHILD ADDRESS:</b>  |                     |                          |                     |               |
| <b>ADDRESS:</b>   |                     | <b>CITY:</b>             | <b>POSTAL CODE:</b> |               |
| <b>MOTHER'S INFORMATION</b>   |                     |                          |                     |               |
| <b>NAME:</b>  |                     | <b>WORK TELEPHONE #:</b> |                     |               |
| <b>HOME TELEPHONE #:</b>  |                     | <b>CELL TELEPHONE #:</b> |                     |               |
| <b>E-MAIL ADDRESS:</b>  |                     | <b>OCCUPATION:</b>       |                     |               |
| <b>EMPLOYER'S ADDRESS:</b>  |                     |                          |                     |               |
| <b>ADDRESS:</b>   |                     | <b>CITY:</b>             | <b>POSTAL CODE:</b> |               |
| <b>HOME ADDRESS IF DIFFERENT FROM THE CHILD ADDRESS:</b>  |                     |                          |                     |               |
| <b>ADDRESS:</b>   |                     | <b>CITY:</b>             | <b>POSTAL CODE:</b> |               |
| <p>Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf. A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.</p> <p><b>IN CASE OF EMERGENCY, EVERY EFFORT IS MADE TO CONTACT THE STUDENT'S PARENTS/GUARDIANS. HOWEVER, IF THIS IS NOT POSSIBLE, THE SCHOOL WILL ATTEMPT TO CONTACT THE ALTERNATIVE EMERGENCY CONTACTS LISTED BELOW.</b></p> |                     |                          |                     |               |
| <b>NAME</b>   | <b>RELATIONSHIP</b> | <b>HOME #</b>            | <b>WORK #</b>       | <b>CELL #</b> |
|   |                     |                          |                     |               |
|   |                     |                          |                     |               |
|   |                     |                          |                     |               |



## STUDENT MEDICAL INFORMATION

|  |                   |                                     |                    |
|--|-------------------|-------------------------------------|--------------------|
| <b>CHILD'S NAME:</b>   |                   |                                     |                    |
| <b>SURENAME</b>  | <b>FIRST NAME</b> | <b>MIDDLE NAME</b>                  | <b>(NAME USED)</b> |
| <b>ONTARIO HEALTH CARD # (INCLUDING LETTERS AND EXPIRY DATE):</b>  |                   |                                     |                    |
| <b>OTHER INSURANCE (COMPANY AND POLICY #):</b>   |                   |                                     |                    |
| <b>STUDENT'S DOCTOR:</b>   |                   | <b>DOCTOR'S TELEPHONE #:</b>        |                    |
| <b>HAS THIS STUDENT BEEN TESTED FOR ALLERGIES?</b>   |                   | <b>YES / NO</b>                     |                    |
| <b>HAS THE STUDENT BEEN DIAGNOSED WITH ALLERGIES?</b>  |                   | <b>YES / NO</b>                     |                    |
| <b>IF YES PLEASE DESCRIBE:</b>   |                   |                                     |                    |
| <b>DOES THE STUDENT REQUIRE AN EPI-PEN?</b>  |                   | <b>YES/ NO</b>                      |                    |
| <b>(IT IS THE RESPONSIBILITY OF THE PARENT/ GUARDIAN TO ENSURE THAT THE STUDENT HAS A CURRENT DATED EPI-PEN AT SCHOOL AND IT IS RECOMMENDED THAT ALL STUDENTS REQUIRING AN EPI-PEN HAVE TWO EPI-PENS OR A DUAL INJECTION EPI-PEN).</b>   |                   |                                     |                    |
| <b>IF YES, PLEASE COMPLETE THE "AMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS " ATTACHED</b>  |                   |                                     |                    |
| <b>PLEASE PROVIDE A MEDICAL NOTE FROM THE STUDENT'S DOCTOR DESCRIBING THE NATURE OF THE ALLERGY.</b>   |                   |                                     |                    |
| <b>IMMUNIZATION:</b>   |                   |                                     |                    |
| The Health Unit now requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local health unit.   |                   |                                     |                    |
| <b>HAS THE STUDENT BEEN DIAGNOSED WITH ASTHMA?</b>   |                   | <b>YES/ NO</b>                      |                    |
| <b>DOES THE STUDENT REQUIRE AN INHALER FOR ASTHMA?</b>   |                   | <b>YES/NO</b>                       |                    |
| <b>(IT IS THE RESPONSIBILITY OF THE PARENT/ GUARDIAN TO ENSURE THAT THE STUDENT HAS A CURRENT DATED INHALER AT SCHOOL.)</b>  |                   |                                     |                    |
| <b>DOES THE STUDENT CARRY ANY KIND OF MEDICAL PROBLEM, SOCIAL, EMOTIONAL PROBLEMS OR DISABILITIES, PLEASE EXPLAIN AND EXPAND?</b>  |                   |                                     |                    |
| <b>EMERGENCY CONSENT:</b> It is our policy to notify a parent when a child is ill or needs medical attention while in our care. Occasionally, we cannot contact a parent or the 3 emergency contact numbers and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child. I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S SCHOOL WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT. |                   |                                     |                    |
| <b>PARENTS / GUARDIAN SIGNATURE:</b>   |                   | <b>PARENTS/ GUARDIAN SIGNATURE:</b> |                    |
| <b>DATE:</b>   |                   | <b>DATE:</b>                        |                    |



**PHOTOGRAPHIC WAIVER**

**DURING THE SCHOOL YEAR, NUMEROUS PHOTOGRAPHS ARE TAKEN TO DOCUMENT DAILY CLASSROOM ACTIVITIES, TRIPS, EVENTS AND SPECIAL ACTIVITIES. SOME OF THESE PHOTOGRAPHS ARE USED FOR SCHOOL PURPOSES, SUCH AS BULLETIN BOARD, DISPLAYS, YEARBOOKS AND IMKA NEWSLETTER.**

Date: \_\_\_\_\_ Child's First and Last Name: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

To Inventive Minds Kidz Academy I \_\_\_\_\_

Residing at \_\_\_\_\_ grant and release to Inventive Minds Kidz Academy to use photographs, and or videotapes in which I and /or my children appear for use in the following category:

| CATEGORY   | Yes / No | Parent/ Guardian Initial |
|--|----------|--------------------------|
| This Center's Décor  |          |                          |
| The annual report  |          |                          |
| Staff training purpose   |          |                          |
| Publicity brochures  |          |                          |
| Newsletter   |          |                          |
| Any materials and articles promoting InventiveMinds Kidz Academy, its programs and membership. |          |                          |

**In the event that any of these films, photographs, and videotapes are to be used for any other purposes, it is understood and agreed that my consent shall be obtained prior to any use.**

**ACADEMIC/ DAILY ROUTINE HISTORY**

|  |                                       |
|--|---------------------------------------|
| CHILD'S NAME: _____ DATE OF BIRTH (D/M/Y): _____   |                                       |
| HOME LANGUAGES:  | DOES THE CHILD SPEAK ENGLISH? YES/ NO |
| DO YOU WANT YOUR CHILD TO NAP IN THE AFTERNOON?<br>HOW DO YOU SOOTH YOUR CHILD FOR SLEEP TIME? (EXPLAIN)   | YES/NO                                |
| DOES YOUR CHILD HAVE NIGHTMARE OR SLEEP WALKS?(EXPLAIN)  | YES/NO                                |
| DOES YOUR CHILD HAVE ANY SPECIAL LEARNING, BEHAVIOURAL OR PHYSICAL DIFFICULTIES? ( WE ASK THIS IN ORDER TO BETTER KNOW AND CARE FOR YOUR CHILD)(EXPLAIN)   | YES/NO                                |
| LIST ALL FOODS THE STUDENTS SHOULD NOT EAT FOR RELIGIOUS/DIETRY REASONS.   |                                       |
| IS YOUR CHILD TOILET TRAINED?<br>ARE YOU TOILET TRAINNING YOUR CHILD?<br>HOW OFTEN WOULD YOU LIKE US TO TAKE YOUR CHILD TO WASHROOM TO SUPPORT HIS OR HER TOILET TRAINNING?<br>EVERY HALF HOUR      EVERY HOUR      BEFORE BEDTIME      AFTER BEDTIME      OTHER (EXPLAIN) | YES/NO<br>YES/NO                      |
| PLEASE INDICATE ALL THE AGES OF SIBLINGS. ALSO, IF YOUR CHILD IS THE FIRST, MIDDLE OR LAST CHILD OF THE FAMILY.  |                                       |
| IS THIS YOUR CHILD FIRST TIME IN A LEARNING CENTER?  | YES/NO                                |
| PLEASE LIST NAMES & ADDRESSES OF ANY OTHER PREVIOUS SCHOOLS (MAXIMUM 3):   |                                       |
| 1.   |                                       |
| 2.   |                                       |
| 3.   |                                       |
| PLEASE SPECIFY ANY THING YOU WISH THE TEACHERS KNOW ABOUT YOUR CHILD DAILY ROUTINE?  |                                       |



## METHOD OF PAYMENT

**OPTION 1: WITH 5% DISCOUNT: ONE (1) PAYMENT PER YEAR DUE AT TIME OF REGISTRATION.**

**OPTION 2: CHEQUES OR CREDIT CARD PAYMENTS ARE ALL PROCESSED OR DEPOSITED ON THE 22<sup>ND</sup> DATE OF THE MONTH FOR THE UPCOMING MONTH. FOR EXAMPLE CHEQUE DATED (MAY 22<sup>ND</sup> /2010 IS FOR THE PAYMENT OF JUNE 1<sup>ST</sup>/2010).**

**OPTION 3: METHOD OF PAYMENT USED POSTED CHEQUES / VISA / MASTER CARD/ AMERICAN EXPRESS.**

**OPTION 4: 15% DISCOUNTS ARE OFFERED FOR EACH 2<sup>ND</sup> AND 3<sup>RD</sup> CHILD OF THE SAME FAMILY. 2<sup>ND</sup> AND 3<sup>RD</sup> CHILDREN MUST BE OF THE SAME PARENTS.**

**NOTE: THERE ARE NO REFUNDS FOR MID-MONTH WITHDRAWALS, HOLIDAYS, SICK DAYS, OR DAYS MISSED FOR ANY REASON, THROUGHOUT THE SCHOOL YEAR.**

**-NSF CHEQUES WILL BE A \$60.00 CHARGE.**

**-LATE FEES ARE ADDED TO YOUR MONTHLY CHILDCARE FEES.**

**-Morning, Lunch and Afternoon snacks provided at no extra cost.**

**-Before and After School care is available at no extra cost**

**-Parents can select Full days/Half days and desired days of the week for 2-3 day programs.**

I \_\_\_\_\_ GIVE PERMISSION TO INVENTIVE MINDS KIDZ ACADEMY TO  
PROCESS MY CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_ FOR THE TOTAL  
AMOUNT OF \_\_\_\_\_ ON EVERY \_\_\_\_\_ DATE OF THE MONTH FOR DURATION OF  
\_\_\_\_\_ MONTH TO PROCESS MY CREDIT CARD.

\_\_\_\_\_  
PARENT SIGNATURE:

\_\_\_\_\_  
DATE:

## Parental Contract

**CHILD'S NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ (D/M/Y)

### **COVERING:**

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| 1) Financial Responsibilities      | 5) Privacy Information                |
| 2) Withdrawal Procedures           | 6) Permission to Engage in Activities |
| 3) Code of Behavior                | 7) Emergency Medical Attention        |
| 4) Additional Operational Policies |                                       |

### **Part 1 FINANCIAL RESPONSIBILITIES**

The conditions of this agreement provide protection for our parents, as well as our program. In order to assure that we can provide these services, it is essential that the program be financially stable. Salaries and overhead expenses cannot be reduced because of absentee losses. This contract is a commitment that you will financially support the enrolment space guaranteed for your child. Failure to meet your financial commitment may result in termination of services.

- I A non-refundable family registration fee of \$200.00 is required. First month child care non-refundable fee will be required per child if placed to hold a spot on the list, upon start date will be used toward first month enrolment fee.
- II Fees in the form of monthly pre-authorized payment will be debited on the 20<sup>th</sup> working day of the month before the 1<sup>st</sup> of upcoming month. This payment can be done by Visa/ Master Card or Chq.
- III NSF payments returned from the Bank will be subject to a processing fee of \$60.00.
- IV A receipt of payment will be issued after the year end for Income Tax purposes.
- V Refunds will not be made for Statutory Holidays or any absent days (including vacations or illness).

### **Part 2 WITHDRAWAL PROCEDURES**

- I signed, written notice of permanent withdrawal by you must be given 30 business days in advance. If the required notice is not received, full program fees will be charged.
- II The provision of our service is conditional upon compliance of both you and your child to our Code of Behavior. Behavior from a child that poses a safety hazard will not be accepted and may result in immediate withdrawal.
- III Should the Supervisor of the program determine that a child cannot adjust to the program, or if the parent had not upheld the Contract, the child will be withdrawn and this agreement will be terminated.

### **Part 3 CODE OF BEHAVIOR**

The safety of all children is our primary concern. The following expectations are necessary to promote a happy, safe and comfortable atmosphere. The Child and the parents at all times shall:

- Respect the building and equipment as well as the personal property of others.
- Use acceptable language.
- Be courteous of others.
- Resolve conflict in a peaceful manner.
- Conduct them in a manner which allows others to feel safe from verbal and physical abuse.
- Show personal respect for all individuals through behaviour and language.

### **Part 4 ADDITIONAL OPERATIONAL POLICIES**

- I The forms listed below are required upon application and before admission. These forms must be updated annually and as changes take place to ensure that we have the correct information on file.
  - Application Form
  - Child Health & Immunization Record

- Information Sharing Consent Form
  - Parental Contract
- II The hours of operation are 7:30 a.m.- 6:30 p.m. These hours will be posted throughout the Centre. A late fee of \$5.00 for the first 15 minutes will be charged for the time that a staff member is required to stay with your child after closing. After 15 minutes, \$1 per minute will be charged. The late fee rate schedule is also posted. This late fee is paid immediately to the staff member in charge at the time. If we are unable to reach you or your emergency contact by 7:00 p.m., the police and Children's Aid Society will be contacted. If the late fees are not paid they will be added to your monthly payment.
- III Our exclusionary policy, due to illness, is established by Public Health Services.
- IV Regulations require daily outdoor play for each child. Our policy states that children too ill to play outdoors should remain at home. If a child becomes ill during the day, temporary care will be provided until you or your emergency contact can be contacted and your child taken home.
- V The Centre will administer prescription drugs to children, in accordance with Provincial legislation. This requires that parents provide:
- Written medical authorization, including the dosage and times any drug is to be given.
  - Medication must be received in the original container, clearly labelled with the child's name, name of drug, dosage, the date of purchase and instructions for storage and administration of the drug. Non-prescription medications must be accompanied by a doctor's note.
  - Medication is to be given directly to a staff member.
  - If medication has expired, staff will refuse to administer.
- VI If your child will be absent from school due to sickness, holidays etc., please inform the staff in person or by phone.
- VII If your child is involved in a custody dispute, please inform the Supervisor in writing, providing a copy of the legal custody papers.
- VIII Children will only be released to the care of authorized persons listed on the Child's Application Form.
- IX Once you have picked up your child at the end of the day, please note that your child's well being is now your responsibility. Should your child be injured on Centre property, while in your care, you are responsible.
- X Your child should be dressed in clothing suitable for physical activity, the weather and the season. A second set of clothes in a labelled bag should be brought to the centre in case of accidents. Clothing and all personal articles should be labelled with your child's name. The Centre is not responsible for lost clothing and articles.
- XI Daily contact with parents and staff will be supplemented by individual interviews, group meetings and workshops. Parents are encouraged to visit and participate in our program. Parents are also encouraged to assist the Centre in ways which reflect their interest to parents (e.g. fund raising, making or repairing equipment). Information of interest to parents (scheduled activities, menus, names of staff, articles on child raising etc.) is accessible to parents on a bulletin board. Once a year we will invite parents to complete a confidential "Parent Survey" to assist us in evaluating our staff and our program. Parents will also be invited to join our Parent Advisory Committee which will meet quarterly.
- XII Staff encourages children to act in a respectful manner, appropriate to their developmental level and stage. Self-discipline is promoted and logical consequences are the preferred methods of encouraging appropriate behaviour. Staff, volunteers and students sign the Behavior Management Policy and the Supervision of Children Forms upon hiring and annually thereafter. The behaviour management actions of staff, volunteers and students are monitored and guidance is given to ensure that behaviour management requirements are met
- XIII **CHILD ABUSE POLICY:** In accordance with the Child & Family Services Act, it is the responsibility of every person in Ontario to immediately report to a Children's Aid Society if she/he suspects that child abuse has occurred, or if a child is at risk of abuse. This includes any person who performs professional duties with respect to children, any operator, or any parent. An individual's responsibility to report cannot be delegated to anyone else. The Centre does not investigate or lay blame; it simply reports and follows the Society's directions. If a parent, staff or other accuses a staff member of abuse, it is the duty of the individual making the allegation and the Centre to report the accusation to the Children's Aid Society and follow the directions given.



**Part 5 PRIVACY INFORMATION**

I hereby consent to the collection, use and disclosure of my parental and my child(ren)'s personal information by the Centre for the purposes of providing child care services to my child(ren) enrolled in the Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the Centre's privacy Policy.

**Part 6 PERMISSION TO ENGAGE IN PROGRAM ACTIVITIES**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the program.

**Part 7 EMERGENCY MEDICAL ATTENTION**

I hereby grant permission for staff to take whatever steps may be necessary to obtain medical care, if warranted. These steps may include but not limited to, the following:

- Contact a parent or guardian/emergency contact
- Contact the child's physician
- Call an ambulance
- Administer reasonable First Aid measures

**I HAVE READ, UNDERSTAND AND AGREE TO BIDE BY ALL POLICIES**

\_\_\_\_\_  
**Parent Name (Print)**

\_\_\_\_\_  
**Date (D/M/Y)**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date (D/M/Y)**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date (D/M/Y)**



**NEW STUDENT ENROLLMENT CHECKLIST**

**FOR OFFICE USE ONLY**

|  |   |
|--|---|
| <b>NAME OF STUDENT:</b>  | <b>DATE OF REGISTRATION;</b>  |
| <b>MOTHER CONTACT NUMBER</b><br><br><b>WORK:</b><br><b>HOME:</b><br><b>CELL:</b><br><b>E-MAIL:</b>   | <b>FATHER CONTACT NUMBER</b><br><br><b>WORK:</b><br><b>HOME:</b><br><b>CELL:</b><br><b>E-MAIL:</b>  |
| <b>APPLYING FOR TODDLER    PRE-SCHOOL    J.K PROGRAM    S.K. PROGRAM</b>   |   |
| <b>NUMBER OF DAYS PER WEEK:</b><br><b>FULL DAY</b><br><b>AM</b><br><b>PM</b><br><b>MON TUE WED THUR FRI</b><br><br><b>TOTAL FEE PER MONTH:</b><br><br><b>DAILY RATE:</b><br><br><b>METHOD OF PAYMENT</b><br><b>CHEQUE _____</b><br><b>CREDIT CARD INFO _____ EXP _____</b> | <b>SPECIAL DIETARY OR ALLERGIES:</b><br><hr/> <hr/> <hr/> <hr/><br><b>SPECIAL NOTE:</b><br><hr/> <hr/> <hr/> <hr/>  |
| <b>REQUIRED SIGNATURE:</b><br><br><b>CONTRACT</b><br><br><b>AUTHORIZATION RELEASE FORMS</b><br><br><b>IMMUNIZATION RECORD</b><br><br><b>HEALTH CARD/INSURANCE</b><br><br><b>BIRTH CERTIFICATE</b>  | <b>REQUIRED SIGNATURE:</b><br><br><b>METHOD OF PAYMENT FORM</b><br><br><b>RECEIVED -----# CHEQUES.</b><br><br><b>PARENTS PICTURES</b><br><br><b>CHILD PICTURES</b><br><br><b>EMERGENCY CARD</b> |



**EMERGENCY CONTACT CARD**

Photo Picture

|  |   |
|--|---|
| <b>Full First and Surname Of the Child:</b><br><hr style="width: 80%; margin: 5px 0;"/>            | <b>Date Of Birth:</b><br><hr style="width: 80%; margin: 5px 0;"/>   |
| <b>MOTHER CONTACT NUMBER</b><br><br><b>WORK:</b><br><b>HOME:</b><br><b>CELL:</b><br><b>E-MAIL:</b> | <b>FATHER CONTACT NUMBER</b><br><br><b>WORK:</b><br><b>HOME:</b><br><b>CELL:</b><br><b>E-MAIL:</b>  |
| <b>STUDENT'S DOCTOR:</b>   |   |
| <b>DOCTOR'S TELEPHONE #:</b>   |   |
| <b>ONTARIO HEALTH CARD # (INCLUDING LETTERS AND EXPIRY DATE):</b>                                  |   |
| <b>SPECIAL DIETARY/ ALLERGIES OR NOTES:</b><br><hr/><br><hr/><br><hr/><br><hr/>                    | <p style="font-size: small;">IN CASE OF EMERGENCY, EVERY EFFORT IS MADE TO CONTACT THE STUDENT'S PARENTS/GUARDIANS. HOWEVER, IF THIS IS NOT POSSIBLE, THE SCHOOL WILL ATTEMPT TO CONTACT THE ALTERNATIVE EMERGENCY CONTACTS LISTED BELOW.</p> <b>FIRST NAME:</b> _____ <b>SURENAME:</b> _____<br><b>WORK:</b><br><b>HOME:</b><br><b>CELL:</b><br><b>ADDRESS:</b> _____<br><br><b>RELATIONSHIP TO THE CHILD:</b> _____ |