



905-873-2960 | info@links2care.ca

School-Age Program Registration Form 2023-2024

Please Note: a \$100.00 non-refundable deposit is required at the time of registration. This will go towards your first month's invoice.

CHILD

CHILD First Name	Last Name	Gr
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Date of Birth (day/month/year)	Home Phone Number	Start Date
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Home Address	City	Postal Code
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Please check the school where care is required:

☐ Park Public School ☐ Joseph Gibbons Public School

Please check the timeframe that care is required:

☐ Before School ☐ After School ☐ Before and After School

Please check the days care is required:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

or ☐ Flexible Schedule (to be discussed with Supervisor)

Have you been approved for Fee Assistance with the Region of Halton? ☐ No ☐ Yes

PARENTS OR LEGAL GUARDIAN

PARENT 1 First Name	Last Name
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Home Address	City	Postal Code
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Home Phone Number	Cell Phone Number
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Email

Business Name	Business Phone Number
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Business Address	City	Postal Code
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PARENT 2 First Name	Last Name	
Home Address	City	Postal Code
Home Phone Number	Cell Phone Number	
Email		
Business Name	Business Phone Number	
Business Address	City	Postal Code

EMERGENCY CONTACTS

List below the persons who will be allowed to pick up your child (or that we may call in the case of an emergency) if both parents/guardians are not available or are unreachable.

CONTACT 1 First Name	Last Name	
Home Phone Number	Cell Phone Number	
Relationship to Child		
CONTACT 2 First Name	Last Name	
Home Phone Number	Cell Phone Number	
Relationship to Child		
CONTACT 3 First Name	Last Name	
Home Phone Number	Cell Phone Number	
Relationship to Child		

MEDICAL AND OTHER INFORMATION

Child's Doctor's Name	Phone Number
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Address	City	Postal Code
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DPTP Immunization Date	MMR Immunization Date	Most recent exam Date
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Previous history of communicable disease

The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. Does your child have any physical condition that we should be aware of?

☐ No ☐ Yes Please explain: _____

Does your child require special attention, medication or routines that may have to be taken into consideration in planning for his/her time at the School-Age Program?

☐ No ☐ Yes Please explain: _____

We serve snack in the morning and afternoon. Do you have any considerations regarding diet for your child?

☐ No ☐ Yes Please explain: _____

Are there any special considerations which you would like the staff to be aware of (i.e. allergies, customs or traditions etc.)?

☐ No ☐ Yes Please explain: _____

PERMISSION TO PROVIDE EMERGENCY MEDICAL CARE

I, _____ hereby consent that if during the one year period from _____ to _____, due to circumstances such as an accident or sudden illness, emergency medical treatment including anesthetic, may be given to my child _____ by a physician or hospital.

Parent/Legal Guardian Signature

Date



Links2Care

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School-Age Program Program Policy Agreement

My signature below indicates that I have read, understood and agree with all of Links2Care School-Age Program policies as written in the Parent Handbook and Registration Package given to parents and guardians at the time of registration.

Child Name

Parent/Legal Guardian 1 Name

Signature

Date

Parent/Legal Guardian 2 Name

Signature

Date

Supervisor Name

Signature

Date

Office Use Only:

Date of Admission

Date of Discharge