

## St. Richard Out of School Care Registration Form

### Personal Information:

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Primary Address \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
email: \_\_\_\_\_

Parent/Guardian #3: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
email: \_\_\_\_\_

### Custody arrangements (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency contacts: (address are mandatory)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Medical Information:

Alberta Health Care number: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immunizations up to date? yes \_\_\_\_\_ no \_\_\_\_\_

Allergies/ dietary restrictions:

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Are there emergency medications associated with the allergy(s)? yes \_\_\_\_\_ no \_\_\_\_\_  
(emergency medications require a separate form supplied by the centre)

Regular medications (including those given at home) :

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Any special medical or behavioural concerns? Please describe:

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I hereby certify that the information on this form is true, correct and complete. I will update St. Richard OSC of any changes to the above should they occur.

Parent/Guardian Signature: \_\_\_\_\_ date: \_\_\_\_\_