



After-School Program Registration Form

1. Child Information:

Child's Name: _____
first middle last

School / Grade: _____ Birthdate (mm/dd/yy): _____

2. Parent / Guardian Information:

Parent / Guardian: _____
first middle last

Address: _____
Postal Code

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Work _____ Work Phone: _____

3. Emergency Contact Information:

Contact Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Work: _____ Work Phone: _____

4. Medical Information:

Doctor's Name: _____ Phone: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Medical Issues: *List any medical or behavioral conditions the staff needs to be aware of to provide the best possible care for your child (allergies, asthma, ADHD, etc.). Also include information about any medication or treatment.*

Medical Care Number: _____ Immunization Record Attached? **Y / N**

We are required by law to have a copy of your child's medical care number and immunization record on file. Your child will not be registered for the after-school program until we receive this information.



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5. Day Care Program for School Professional Development Days:

The SideDoor will offer day care services on all scheduled professional development days for YCS and YK1 schools from 8:00 AM until 5:00 PM. We can only accept a limited number of children for this program, and spaces will be filled on a first-come, first-served basis.

YCS Schools

- September 19
- September 30
- October 14
- November 1
- April 20

YK1 Schools

- September 16
- October 21
- November 25
- April 13
- May 18
- June 8

Please check each day you would like to register your child for the day care program. **The fee for the program is \$20 per day, per child, and must be paid when you drop off your child.** Payment can be made by cash or cheque only.

The \$20 fee only applies to the day care program on school professional development days. The regular after-school program is FREE for all participants.

6. Liability Clause, Medical Waiver, and Permissions:

Please read and check each of the following conditions.

- I agree that the Side Door Youth Ministries will not be responsible for any injuries my Child may sustain from/while participating in any Side Door Ministries activities.
- I agree that the Side Door Youth Ministries staff and volunteers will not be responsible for any loss, injury or damage suffered by my Child at any Side Door Youth Ministries activities.
- I hereby authorize the Side Door Youth Ministries to have my Child transported to the hospital for any emergency treatment if I cannot be contacted immediately. I further consent to pay any medical expenses.
- I give permission for my Child to be photographed by the SideDoor Youth Ministries during after-school activities. I understand that any photographs or images will be used for promotional purposes only.
- I give my permission for my child's school to share information with the SideDoor Youth Ministries. In understand that this information will not be shared with any third party.

Signature: _____

Date: _____

Holiday Schedule

The SideDoor After-School Program will be closed for each of the following school holidays:

Labour Day, September 5th
 Thanksgiving, October 10th
 Remembrance Day, November 11th
 Christmas Break, December 17th – January 2nd

Spring Break, March 3rd – March 18th
 Good Friday, April 6nd
 Easter Monday, April 9th
 Victoria Day, May 21st
 Aboriginal Day, June 21st