

# EVERGREEN ACADEMY INC.

## BEFORE/AFTER SCHOOL REGISTRATION FORM

CHILD INFORMATION		
Last Name:	First Name:	Middle Name:
Birthday:	Age as of September:	Sex:
FAMILY INFORMATION		
Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship to Child:
Home Phone:	Cell Phone:	Email:
Address:		Employer Name/Phone:
ALTERNATE PARENT/GUARDIAN INFORMATION (Leave address blank if same as above)		
Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship to Child:
Home Phone:	Cell Phone:	Email:
Address:		Employer Name/Phone:
Please note any custody or access arrangements that we should be aware of (note we may require further documentation):		
MEDICAL INFORMATION		
Doctors Name:	HEALTH CARD #	
Does your child have any allergies or special needs that we should be aware of? (If Yes, provide information below)	YES	NO
Will your child be taking any medications while at Evergreen? (If Yes, please provide more information below)	YES	NO
Please provide information on any medical, psychological, or behavioural conditions, medications, allergies, dietary or activity restrictions, or special needs that we need to be aware of to ensure that your child's experience is positive. (Note: if your child uses medication or an epinephrine injector you MUST complete the Severe Allergy Alert form and Consent form. If your child will require medications while at Evergreen you will need to complete the Medicine Administration form. All additional forms are located on the Parent tab of the website.)		

EMERGENCY CONTACT #1 (Someone other than yourself - We WILL call you first!)					
Name of local friend or relative:	Relationship to child:		Home Phone:	Cell Phone:	
EMERGENCY CONTACT #2 (Someone other than yourself)					
Name of local friend or relative	Relationship to child:		Cell Phone:	Home Phone:	
CHILD INFORMATION					
Does your child have dietary restrictions?	YES		NO		Additional Notes:
Is English the language spoken at home?	YES		NO		
Does your child celebrate Christmas, Halloween and similar holidays?	YES		NO		
Is your child a Canadian Citizen?	YES		NO		
PROGRAM CHOICES (Write times where they apply)					
	Monday	Tuesday	Wednesday	Thursday	Friday
DROP OFF TIME					
PICK UP TIME					
ADDITIONAL INFORMATION:					
PLEASE USE THIS SPACE TO PROVIDE US WITH ANY INFORMATION YOU FEEL WILL BE BENEFICIAL					
ACKNOWLEDGEMENT - PLEASE READ AND SIGN					
<p>Personal information contained on this form and any other correspondence relating to involvement in Evergreen Academy Inc. programs is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and their Regulations, as amended. It will be used for registration, administrative, communication, educational and reporting purposes. The information may be shared with educational support workers employed by Evergreen Academy Inc., or with other employees to carry out their job duties. In addition, the information may be used for matters of health and safety or when required to be disclosed in compelling circumstances for law enforcement or in accordance with any other Act. Medical information will be shared with employees and those transporting children in order to ensure their health and safety.</p> <p>In case of Emergency, Evergreen Academy Inc. is authorized to seek medical attention from emergency services. I understand that every precaution is taken to secure the safety of each child; however in case of an accident, I agree to release Evergreen Academy Inc. from any liabilities.</p> <p>Be advised that any email address or phone number provided by you may be used to communicate with you. Furthermore, by providing your personal information to us, you consent to receive information from us, our representatives or our employees. You may contact us at <a href="mailto:learn@evergreenacademy.ca">learn@evergreenacademy.ca</a> at any time regarding your personal information and to request corrections to such information. Also, note that Evergreen Academy is not licensed by the Ministry of Education, however we do abide by the rules and regulations set forth by the Ministry, and also carry liability insurance.</p> <p>Acknowledgement: I verify that the information on this form is true and accurate. I understand it is my responsibility to keep the school advised of any change in the above information as soon as possible.</p>					
Parent/Guardian signature:	Date:		Print Name:		
Parent/Guardian signature:	Date:		Print Name:		