

APPLICATION FOR OUT OF SCHOOL CARE 2019-2020

THIS FORM IS TO BE COMPLETED ON BOTH SIDES BY THE CHILD'S PA	ARENT/GUARDIAN. Date rec'd	_ Start date:
1. Student's full	Surname	Name child responds to
Grade in Sept. 2019:		
Gender: M 🖬 F 🖬 Birthdate: / / YYYY MM DD	BC Personal Health #:	
Registering for: After school care Before and after school care	Which days does your child need care?	
2. Student's full	Surname	Name child responds to
Grade in Sept. 2019:		
Gender: M G F G Birthdate: / /	BC Personal Health #:	
Registering for: After school care Before and after school care	Which days does your child need care?	
HOUSEHOLD INFORMATION		
Primary Phone Number: P	Primary Email Address:	
The child(ren) will live with: Parents 🗖 Guardian 🗖	Mother 🗅 🦳 Father 🖵 🦷 Foster parent 🖵	
If a court order has been made concerning the care/custody of th	ne student(s) please attach a copy.	
Mother:		
First Name Last Name	E-mail (if different than above)	
Occupation	Employer	
Work Phone	Cell Phone	
Father:		
First Name Last Name	E-mail (if different than above)	
Occupation	Employer	
Work Phone	Cell Phone	
Mailing address of family:		

House & Street

City

Postal Code

Family Doctor: Doctor Phone:			
Please specify any known allergies or medical conditions of which we should be aware (attach an extra sheet if necessary).			
Is the student currently taking a	ny medication on a regular basis? Yes 🛛 🛛 No 🖵 If	f yes, please provide details.	
Are there any special family circ	umstances the school should know about?		
Emergency Contact and persons who have permission to pick up your child from Out of School Care:			
1	Relationship to Student	Phone	
2	Relationship to Student	Phone	
3 Name	Relationship to Student	Phone	
Out of Area Contact in the event local telephone lines are out of order:			
Name	Relationship to Student	Phone	
Names of others living in the ho	usehold		
1	Deletionelise to Child		
Name	Relationship to Child	Age	Gender
2	Relationship to Child	Age	Gender
3	Relationship to Child	Age	Gender
4	Relationship to Child	Age	Gender
Personal Information			
What are some of your child's ir	iterests?		
Please explain if there is anythir	ng else you want us to know about your child? (health co	ncerns, speech, hearing or visi	on problems etc.)

CONSENT SIGNATURES

1. Field trip consent: Students occasionally go on a walk through the neighbourhood. I/We consent to having my child go on supervised walks during the school year 2019-2020.

Parent/guardian signature

2. Photograph Publishing Consent: Throughout the school year photographs are taken of various student activities. By signing below, I/we consent to have the student's picture published in the school newsletter, yearbook, publications or on our website. The school only publishes first names of students.

Parent/guardian signature

3. Protecting Your Personal Information: Surrey Christian School collects and uses personal information for the sole purpose of maintaining accurate student records in the administrative offices, and to respond immediately to an emergency. SCS commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent unless permitted under the PIPA (Personal Information Privacy Act) legislation. If you have questions about SCS's use, storage or disclosure of personal information, please contact our privacy officer.

I/We consent to having SCS collect, use and disclose this personal information as outlined above.

Parent/guardian signature

4. Medical Treatment Consent: In case of an emergency where parents cannot be contacted I authorize the Principal or school representative to contact the family doctor or take the necessary steps to ensure the health and safety of my child.

Parent/guardian signature

5. I acknowledge my financial obligation to the school. If during the course of the school year I intend to withdraw my child I understand that I must give 1 month's notice to the school at month-end, or pay 1 month of tuition in lieu of notice.

Parent/guardian signature