Contract for Before & After School Services

Please note: The registration package is comprised of the contract, pre-authorization form, and banking information/void cheque. Forms must be filled out in their entirety (including postal code, health number, etc.) and the complete package returned to beforeandafterschool@prestonearlylearning.ca for your application to be processed. Contract concludes at school end in June 2024. A \$30 non-refundable yearly registration fee will be charged on June 30th, 2023.

Preston Early Learning Locations: Chief Whitecap Holy Family Holliston					
Child Information					
Child's Name:	T	Child's Name:	T	Child's Name:	T
DOB:	Sex:	DOB:	Sex:	DOB:	Sex:
Health #		Health #		Health #	
Medical Concerns:		Medical Concerns:		Medical Concerns:	
Allergies:		Allergies:		Allergies:	
Medications:		Medications:		Medications:	
Other:		Other:		Other:	
Does your child have an EA in school?		Does your child have an EA in school?		Does your child have an EA in school?	
Yes	○ No	Yes	○ No	Yes	○No
Family Physician's Name:			Family Physician's I	Phone Number:	
Please indicate a tentative schedule by checking the days needed in the chart below					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM Care	,			·	,
PM Care					
Both Am & PM					
Parent/Guardian Information					
Parent/Guardian Name:			Parent/Guardian Name:		
Current Address:			Current Address:		
Email Address:			Email Address:		
Personal Phone Number:			Personal Phone Number:		
Work Phone Number:			Work Phone Number		
Please provide information for 2 contacts in case of emergency or alternate pick ups (ID will be needed at pick up)					
Name:			Name:		
Relationship:			Relationship:		
Personal Phone Number:			Personal Phone Number:		
Work Phone Number:			Work Phone Number:		
Please indicate if you consent to your child participating in excursions by checking the box below					
OI consent to my child participating in excursions not involving transportation such as neighbourhood walks					
Please indicate if you consent to the following media release for your child by checking the box below					
OI consent to my child being photographed or video taped during childcare activities for parent communication, the					
company website, instructional videos, and media releases.					
I certify that the above information is accurate to the best of my knowledge.					
Signature:D			Date:		

