

A.L. HORTON ELEMENTARY SCHOOL

2022-2023

____ Before School ____ After School ____ KinderCare

STUDENT REGISTRATION FORM

To be eligible for admission, children must be enrolled in Kindergarten thru Grade 6. Please complete this form and return it to the Out of School Care Program at A.L. Horton Elementary School.

Child's Last Name _____ First Name _____

Middle Name _____ Gender (M) ____ (F) ____

Birthdate _____ Phone Number of Residence _____

Father/Guardian _____ Resides with (Y) ____ (N) ____

Mother/Guardian _____ Resides with (Y) ____ (N) ____

Mailing Address _____ Postal Code _____

Location of Residence (*Street Address*) _____ OR

Rural _____
(*Quarter*) (*Section*) (*Township*) (*Range*)

Father/Guardian Work Address _____ Phone # _____

Mother/Guardian Work Address _____ Phone # _____

School Bus Number _____ Bus Driver's Name _____

Alberta Health Care Number _____

Family Doctor _____ Phone # _____

Other Children in the Family:	Brother/Sister	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Days Before School Care Required: Mon Tues Wed Thurs Fri

Days After School Care Required: Mon Tues Wed Thurs Fri

Does your child have any allergies? Yes _____ No _____
 (If yes, please specify) _____

Is your child's immunization up to date? Yes _____ No _____
 (If no, please specify) _____

Does your child have a hearing disorder? Yes _____ No _____
 (If yes, please specify) _____

Does your child have eye problems? Yes _____ No _____
 (If yes, please specify) _____

Does your child have any physical challenges? Yes _____ No _____
 (If yes, please specify) _____

Has your child had any severe illness(es)? Yes _____ No _____
 (If yes, please specify) _____

Should physical exercise be restricted? Yes _____ No _____
 (If yes, please specify) _____

Are there any religious or other restrictions? Yes _____ No _____
 (If yes, please specify) _____

Is your child on any medication(s)? Yes _____ No _____
 (If yes, please specify name of medication & medical condition taken for):

Any other pertinent information:

Emergency Phone Number: Father _____
 Mother _____

Emergency Contact if Parent not available (Babysitter, Friend, or Relative) **MUST BE LOCAL:**

Name _____ Phone # _____

Location of Residence _____ **OR**
 (Street Address)

Rural _____
 (Quarter) (Section) (Township) (Range)

_____ (DATE) _____ (PARENT/GUARDIAN SIGNATURE)

**A.L. Horton Elementary School
Out of School Care Program
Emergency Consent**

I/We understand that if an emergency should occur, the A.L. Horton Elementary School Out School Care Program will make every effort to contact me/us, the parent(s) or the emergency contacts I/we have identified. Should the program be unsuccessful in locating me/us, I/we authorize any and all employees of the program to obtain medical treatment for my/our child, including transportation by ambulance if deemed necessary.

I/We also give permission to the attending physician to treat my/our child for illness or injury as is necessary under these circumstances. This release form will be in effect from the date below until termination of enrolment.

Student(s)Name:

Parent/Guardian Name(s):

(Please Print)

Signature(s):

Date:
