

TCS' After-school Program 2010 – 2011: Registration Form

last name	father's first name	mother's first name
Address		postal code
home phone	email address	
mother's cell phone	father's cell phone	
name of emergency contact	emergency contact's phone #	
individual with permission to pick child(ren) up	phone#/comments	
individual with permission to pick child(ren) up	phone#/comments	
individual with permission to pick child(ren) up	phone#/comments	
name of family doctor	family doctor's phone #	

student names	birth date	health card number/version #	expiry date

Allergy/Medical Information

Please specify any allergies or medical conditions. Please include the degree of severity, any procedures that need to be followed or medication to be administered if the child has a reaction or an attack. Please be detailed.

In the event of an emergency, I give permission for my child(ren) taken to a hospital or doctor if neither parent is available at the time of the accident. The above approval is given subject to the following conditions: (Please write any conditions on the line below)

signature of parent	date
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