

PD Day and March Break Enrollment Form

Canterbury Community Association After-School Program

Location: 2185 Arch St. Ottawa, Ontario K1G2H5
613-415-0672

Child(ren) Information (please print):

Last Name:	Initial:	First Name:	Grade: School: Birthday:
Last Name:	Initial:	First Name:	Grade: School: Birthday:
Last Name:	Initial:	First Name:	Grade: School: Birthday:
Last Name:	Initial:	First Name:	Grade: School: Birthday:

Primary Phone Number: _____

Primary Email: _____

Parent(s)/Guardian(s) Information:

First and Last Name #1: _____

Relationship to child(ren): _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

First and Last Name #2: _____

Relationship to child(ren): _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Pick up Information:

List who can pick up the child(ren). (The person picking up the child(ren) may be asked to show a picture I.D.)

Non-Parental/Non-Guardian Emergency Contact Information:

Emergency Contact #1: _____

Phone Number: _____

Emergency Contact #2: _____

Phone Number: _____

General Health Information:

Please check if child carries:

- Epipen
- Medical Alert Bracelet
- Inhaler
- Medication

Please indicate if any of the following conditions apply to the child(ren):

- | | | |
|---|---|--|
| <input type="checkbox"/> Ear Aches | <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Autism | <input type="checkbox"/> Dietary Needs |
| <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Celiac |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emotional Concerns | <input type="checkbox"/> Sinus Infections | _____ |
| | <input type="checkbox"/> Heart Conditions | _____ |

Please explain extent of health issues checked above and treatments given:

Allergies:

- Medication
- Food
- Other

Please describe reactions and treatments of any allergies:
