



Christ Church Cathedral School

912 Vancouver Street
Victoria, British Columbia
V8V 3V7

Telephone (250) 383-5125
Facsimile (250) 383-5128
luxmundi@cathedralschool.ca

Lux Mundi Out-of-School Care - Registration Form

Out-of-School Care is provided from 3:00 - 6:00pm

All Day Care is provided from 7:30am - 6:00pm on School Closure Days

The fee for Lux Mundi OSC is \$250.00 per month and is payable on the first of each month. The drop-in rate is \$18.00 per day and must not be more than 2 days per week in any given month. The fee for All Day Care is \$37.00 per day for summer break and all other school holidays and Pro D Days (\$20.00 per day for those already paying the monthly rate). Fees are subject to change.

All cheques are payable to **Christ Church Cathedral Educational Society**.

Please give the email address that your invoices should be sent to: _____

DATE OF ENROLLMENT YYYY / MM / DD

CHILD

NAME OF CHILD

SURNAME

GIVEN

MIDDLE NAME

NAME CHILD RESPONDS TO

SEX: M F

ADDRESS

DATE OF BIRTH YYYY / MM / DD FIRST DAY OF ATTENDANCE YYYY / MM / DD END DATE YYYY / MM / DD

PARENT/GUARDIAN

NAME

ADDRESS

PHONE

CITY & POSTAL CODE

E-MAIL ADDRESS

PLACE OF WORK

PHONE

HOURS OF WORK

NAME

ADDRESS

PHONE

CITY & POSTAL CODE

E-MAIL ADDRESS

PLACE OF WORK

PHONE

HOURS OF WORK

MEDICAL INFORMATION

FAMILY DOCTOR

PHONE

MEDICAL INSURANCE PLAN NUMBER

DATE EFFECTIVE YYYY / MM / DD

ALTERNATE PERSON TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY

NAME

PHONE

NAME

PHONE

NAME

PHONE

PERSONS NOT PERMITTED ACCESS TO CHILD

NAME

PHONE

NAME

PHONE

ARE THERE CUSTODY ORDERS? YES NO IF YES, ATTACH DOCUMENTATION

NAMES OF OTHER CHILDREN LIVING AT HOME

NAME _____ DATE OF BIRTH YYYY / MM / DD _____

NAME _____ DATE OF BIRTH YYYY / MM / DD _____

DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES? YES NO
IF YES, ATTACH DOCUMENTATION

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD: _____

HAS HE/SHE HAD ANY RECENT ILLNESS? YES NO IF YES, EXPLAIN: _____

ANY ALLERGIES? YES NO IF YES, PLEASE LIST: _____

IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

PLEASE ATTACH THE IMMUNIZATION RECORD FOR YOUR CHILD or
- CHECK THIS BOX IF YOU HAVE CHOSEN TO NOT HAVE YOUR CHILD IMMUNIZED

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

CAREGIVER SIGNATURE _____

DATE _____

I wish to enroll my child in the Lux Mundi Out-of-School Care Program and in doing so I acknowledge that I have read the Christ Church Cathedral School Parent/Student Handbook, in particular those sections of pages 24, 27 and 30 that pertain more closely to Lux Mundi, online at www.cathedralschool.ca and agree to support the Program and caregivers as described therein. (All parents/guardians must sign.)

I verify that the above information is complete and accurate to the best of my knowledge.

Parent or Guardian #1

Name: _____

Signature Date

Parent or Guardian #2

Name: _____

Signature Date