



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 – Page 1 of 2

PLEASE ATTACH IMMUNIZATION RECORDS & A PHOTO OF YOUR CHILD WHEN SUBMITTING THIS 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
Before School Care is provided free of charge for Cathedral School students from **7:30 - 8:30am**

DATE		
FIRST NAME OF CHILD	MIDDLE	LAST
NAME CHILD RESPONDS TO		GENDER
DOB:	DD/MM/YYYY	
ADDRESS		
PARENT/GUARDIAN #1	FIRST NAME	LAST NAME
ADDRESS (IF DIFFERENT)		CITY/POSTAL CODE
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS		PLACE OF WORK
PARENT/GUARDIAN #2	FIRST NAME	LAST NAME
ADDRESS (IF DIFFERENT)		CITY/POSTAL CODE
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS		PLACE OF WORK
MEDICAL INFORMATION		
This information is collected in case of the need to engage emergency medical assistance for your child. This information will be stored in a secure location and may be updated as required.		
FAMILY DOCTOR		PHONE
MEDICAL INSURANCE PLAN NUMBER (OPTIONAL)		PERSONAL HEALTH NUMBER
FAMILY DENTIST		PHONE
DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please attach documentation		
ANY ALLERGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE LIST & INCLUDE INSTRUCTIONS IN THE EVENT OF AN ALLERGIC REACTION:		
LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD:		
HAS HE/SHE HAD ANY RECENT ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO *if yes, please explain:		
PLEASE ATTACH THE IMMUNIZATION RECORD FOR YOUR CHILD		<input type="checkbox"/> I HAVE CHOSEN NOT TO HAVE MY CHILD IMMUNIZED
IN AN EMERGENCY, PLEASE CONTACT:		
NAME	RELATIONSHIP	*PICK UP? <input type="checkbox"/>
NAME	RELATIONSHIP	*PICK UP? <input type="checkbox"/>
NAME	RELATIONSHIP	*PICK UP? <input type="checkbox"/>

*Authorize pick up from school

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PLEASE LIST IF THERE ARE ANY PERSONS WHO ARE NOT PERMITTED ACCESS TO CHILD:			
NAME		RELATIONSHIP	
NAME		RELATIONSHIP	
NAME		RELATIONSHIP	
ARE THERE CUSTODY ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please attach documentation			
PLEASE LIST IF THERE ARE OTHER CHILDREN LIVING AT HOME:			
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY
FIRST NAME	LAST NAME	DOB:	DD/MM/YYYY

BY SIGNING BELOW I VERIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I GIVE CONSENT TO THE FOLLOWING:

- In the event of a medical emergency, accident or illness, a staff member may call a medical practitioner or ambulance for my child if I cannot immediately be reached.
- By enrolling my child in the Lux Mundi Out-of-School Care Program I acknowledge that I have read the Christ Church Cathedral School Parent/Student Handbook, in particular the sections of pages 24, 27 and 30 that pertain more closely to Lux Mundi, found online at www.cathedralschool.ca and agree to support the Program and caregivers as described therein.

All Parents/Guardians must sign.

PARENT/GUARDIAN #1 NAME	SIGNATURE	DATE
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PARENT/GUARDIAN #1 NAME	SIGNATURE	DATE
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