



# Christ Church Cathedral School

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## 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.  
REGISTRATION IS NOT COMPLETE UNTIL THESE DOCUMENTS ARE RECEIVED.**

**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/Other full day programs**  
**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/PRONOUN
DOB:	DD/MM/YYYY	
ADDRESS		
<b>PARENT/GUARDIAN #1</b>	FIRST NAME	LAST NAME
ADDRESS (IF DIFFERENT)		CITY/POSTAL CODE
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS		PLACE OF WORK
<b>PARENT/GUARDIAN #2</b>	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?**  YES  NO

*\*If yes, please attach documentation*

**ANY ALLERGIES?**  YES  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?**  YES  NO

*\*if yes, please explain:*

**\*PLEASE ATTACH THE IMMUNIZATION RECORD FOR YOUR CHILD\***

I HAVE CHOSEN NOT TO  
HAVE MY CHILD IMMUNIZED

*Please see over page*

## Lux Mundi Out-of-School Care Registration Form – Page 2 of 2

**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

**PLEASE LIST IF THERE ARE ANY PERSONS WHO ARE NOT PERMITTED ACCESS TO CHILD:**

NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP

ARE THERE CUSTODY ORDERS?  YES  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](http://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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