



# Christ Church Cathedral School

912 Vancouver Street  
Victoria, British Columbia  
V8V 3V7

Telephone (250) 383-5125  
Facsimile (250) 383-5128  
[luxmundi@cathedralschool.ca](mailto: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.  
REGISTRATION IS NOT COMPLETE UNTIL THESE DOCUMENTS ARE RECEIVED.**

**After School Care** is provided from school dismissal - 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 from 7:30 – 8:00am for a separate fee

DATE

FIRST NAME OF CHILD

MIDDLE

LAST

NAME CHILD RESPONDS TO

GENDER/PRONOUN

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?  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	PHONE #	*PICK UP? <input type="checkbox"/>
NAME	RELATIONSHIP	PHONE #	*PICK UP? <input type="checkbox"/>
NAME	RELATIONSHIP	PHONE #	*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
-------------------------	-----------	------

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