



# Christ Church Cathedral School

912 Vancouver Street  
Victoria, British Columbia  
V8V 3V7

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## Lux Mundi Out-of-School Care Enrollment 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		
<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
<b>MEDICAL INFORMATION</b>		
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:		
<b>*PLEASE ATTACH THE IMMUNIZATION RECORD FOR YOUR CHILD*</b>		<input type="checkbox"/> I HAVE CHOSEN NOT TO HAVE MY CHILD IMMUNIZED

Please see over page

## Lux Mundi Out-of-School Care Enrollment 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 Lux Mundi Handbook, including the section pertaining to our refund and cancellation policies on page 6, found online at [www.cathedralschool.ca](http://www.cathedralschool.ca) and I agree to support the Program and caregivers as described therein.
- I consent to having Christ Church Cathedral School collect and securely store personal information including parent and emergency contact information, personal health number and medical conditions, birth certificate, immunization records, legal guardianship, court orders if applicable, and other personal details necessary to ensure the proper care of each child.

**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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