



## Registration Form 2026/2027

905-873-2960 | info@links2care.ca

**Please Note: a \$100.00 non-refundable deposit is required at the time of registration. This will go towards your first month's invoice.**

**Please complete the form below**

### **CHILD**

First Name	Last Name	Grade
Date of Birth (day/month/year)	Home Phone Number	Start Date
Home Address	City	Postal Code

Please check the school and timeframe that care is required:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Park Public School | <input type="checkbox"/> Joseph Gibbons Public School                       |   |
| <input type="checkbox"/> Before School      | <input type="checkbox"/> After School                                       | <input type="checkbox"/> Before <u>and</u> After School |
| <input type="checkbox"/> Full Time          | <input type="checkbox"/> Part Time: 3 days Mon/Wed/Fri or 2 days Tues/Thurs |   |

Please check the days care is required:

- Monday    Tuesday    Wednesday    Thursday    Friday

Have you been approved for Fee Assistance with the Region of Halton? Please refer to the **Subsidy Guidelines** for more information.

- No    Yes

### **PARENTS OR LEGAL GUARDIAN**

<b>PARENT ONE</b> First Name	Last Name	
Home Address	City	Postal Code
Home Phone Number	Cell Phone Number	
Email		
Business Name	Business Phone Number	

---

Business Address	City	Postal Code
------------------	------	-------------

---

<b>PARENT TWO</b> First Name	Last Name
------------------------------	-----------

---

Home Address	City	Postal Code
--------------	------	-------------

---

Home Phone Number	Cell Phone Number
-------------------	-------------------

---

Email
-------

---

Business Name	Business Phone Number
---------------	-----------------------

---

Business Address	City	Postal Code
------------------	------	-------------

### **EMERGENCY CONTACTS**

List below the persons who will be allowed to pick up your child (or that we may call in the case of an emergency), if both parents/guardians are not av or are unreachable.

---

<b>CONTACT 1</b> First Name	Last Name
-----------------------------	-----------

---

Home Phone Number	Cell Phone Number
-------------------	-------------------

---

Relationship to Child
-----------------------

---

<b>CONTACT 2</b> First Name	Last Name
-----------------------------	-----------

---

Home Phone Number	Cell Phone Number
-------------------	-------------------

---

Relationship to Child
-----------------------

---

<b>CONTACT 3</b> First Name	Last Name
-----------------------------	-----------

---

Home Phone Number	Cell Phone Number
-------------------	-------------------

---

Relationship to Child
-----------------------

**MEDICAL AND OTHER INFORMATION**

---

Child's Doctor's Name Phone Number

---

Address City Postal Code

---

DPTP Immunization Date MMR Immunization Date Most recent exam Date

---

Previous history of communicable disease

The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. Does your child have any physical condition that we should be aware of?

No  Yes Please explain: \_\_\_\_\_

---

Does your child require special attention, medication or routines that may have to be taken into consideration in planning for his/her time at the School-Age Program?

No  Yes Please explain: \_\_\_\_\_

---

We serve snack in the morning and afternoon. Do you have any considerations regarding diet for your child?

No  Yes Please explain: \_\_\_\_\_

---

Are there any special considerations which you would like the staff to be aware of (i.e. allergies, customs or traditions etc.)?

No  Yes Please explain: \_\_\_\_\_

**PERMISSION TO PROVIDE EMERGENCY MEDICAL CARE**

I, \_\_\_\_\_ hereby consent that if during the one year period from \_\_\_\_\_ to \_\_\_\_\_, due to circumstances such as an accident or sudden illness, emergency medical treatment including anesthetic, may be given to my child \_\_\_\_\_ by a physician or hospital.

---

Parent/Legal Guardian Signature

Date



**Links2Care**

905-873-6502 | info@links2care.ca

## School-Age Program Program Policy Agreement

**My signature below indicates that I have read, understood and agree with all of Links2Care School-Age Program policies as written in the Parent Handbook and Registration Package given to parents and guardians at the time of registration.**

---

Child Name

---

Parent/Legal Guardian One Name

Signature

Date

---

Parent/Legal Guardian Two Name

Signature

Date

---

Supervisor Name

Signature

Date

\*\*\*\*\*

Office Use Only:

---

Date of Admission

---

Date of Discharge