



Conrad Street Elementary School Before & After School Child Care Program

825 Conrad Street, Prince Rupert, B.C. V8J 3B8
Mailing address: PO Box 520, V8J 3R7
Telephone (250) 624-4935 Fax (250) 627-4164

REGISTRATION AGREEMENT

I, _____ (please print), have accurately completed all necessary enrolment forms as required for my child _____.

Furthermore, **I have received electronically and read the Parent Manual**, in particular the safe release of child, pick up, late pick up and illness, policies. I understand that failure to abide by the outlined policies and procedures or to keep fee payments current may result in my child being removed from the program.

Signature of enrolling parent/guardian

Date

I have completed and signed the following documents: (Staff to initial complete and received)

- | | |
|---|----------------------|
| <input type="checkbox"/> This Registration Agreement | Staff Initial: _____ |
| <input type="checkbox"/> Child Care Registration/Emergency Consent Form | _____ |
| <input type="checkbox"/> Current photo | _____ |
| <input type="checkbox"/> Immunization Information | _____ |

Verification of Northern Health Employee

- Northern Health Employee Yes _____ No _____