



Christ Church Cathedral School

912 Vancouver Street
Victoria, British Columbia
V8V 3V7

Telephone (250) 383-5125
Facsimile (250) 383-5128
luxmundi@cathedralschool.ca

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

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

EMAIL FOR USE BY THE ACCOUNTING DEPT FOR INVOICES AND STATEMENTS (ONLY ONE):

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 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 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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