

McKenzie BAS Registration package

Child name (last /first)					
Date of birth (m/d/y)	Age	Gender	School	ML <input type="checkbox"/>	BCN <input type="checkbox"/>
Address			Calgary, AB		
Home phone		Immunizations up to date		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mother name (last /first)					
Address			Calgary, AB		
Home phone:		Cell:		Work:	
Email address					
Father name (last /first)					
Address			Calgary, AB		
Home phone:		Cell:		Work:	
Email address					
Emergency contact (other than parent)			Name (last /first)		
Address			Calgary, AB		
Home phone:		Cell:		Work:	
Emergency contact (other than parent)			Name (last /first)		
Address			Calgary, AB		
Home phone:		Cell:		Work:	
Child Medical information		Dr Name		Phone Number:	
AB Health card Number		Allergies	*Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is your child on any ongoing mediation?			*Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the medication to be administered during program hours?			#Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Any other medical conditions we should be aware of?			#Yes	<input type="checkbox"/>	No <input type="checkbox"/>
* list all allergies					
* list of medications					
# Please complete medical information form for any additional information ie epi pens / puffers / on site medication or any other details.					
Date		recent photo			
Signature of parent guardian;					
<i>I am aware, as a parent, that my child while socializing with other children in the program may be exposed to early child hood diseases that are covered as part of an immunization program. I will not hold the program McKenzie BAS staff, MLCA liable for any sickness that my child may contract.</i>					