



INFORMATION ABOUT PARENTS/GUARDIANS

Mother's Name: _____
Relationship if Guardian: _____
Home Address: _____
Work Address: _____
Home Contact Number: _____
Work Contact Number: _____
Cell: _____
Email: _____

Father's Name: _____
Relationship if Guardian: _____
Home Address: _____
Work Address: _____
Home Contact Number: _____
Work Contact Number: _____
Cell: _____
Email: _____

Emergency Contact

(In case Parents/Guardians cannot be contacted)

Name: _____
Home Address: _____
Work Address: _____
Home Contact Number: _____
Work Contact Number: _____
Cell: _____
Email: _____
Date: _____ *Parent signature:* _____

CHILD RELEASE AUTHORIZATION FORM

(Please print your child's full name)

Dear Parent/Guardian:

In order to protect your child, please PROVIDE WRITTEN authorization when other individuals will pick up your child/children.

NOTE: ALL INDIVIDUALS PICKING UP YOUR CHILD WILL BE ASKED TO PRODUCE TWO PIECES OF IDENTIFICATION.

1. Name of Authorized person to receive your child at the end of the day

Name: _____

Relationship: _____

Home Contact Number: _____

Work/Cell Contact Number: _____

Home Address: _____

Work Address: _____

2. Name of Authorized person to receive your child at the end of the day

Name: _____

Relationship: _____

Home Contact Number: _____

Work/Cell Contact Number: _____

Home Address: _____

Work Address: _____

Signature: _____

CHILD MEDICAL FORM

Child's full name: _____
Last First Middle

Address: _____

Date of birth: _____

Mother: _____

Father: _____

Home phone: _____

Age: _____

Work phone: _____

Work phone: _____

EMERGENCY CONTACTS

Name: _____

Name: _____

Child's doctor: _____

Child's dentist: _____

Child's health-care number: _____

Insurance Co.: _____

Hospital name: _____

Phone: _____

Phone: _____

Phone: _____

Phone: _____

Policy #: _____

Phone: _____

ADDITIONAL INFORMATION (e.g., food allergies, medication being taken, medication allergic to) _____

Medical: _____

Physical: _____

Developmental: _____

Emotional: _____

EMERGENCY MEDICAL CARE

I hereby grant permission for _____

to secure the necessary emergency medical treatment needed by my son/daughter,

In the event that I cannot be reached to otherwise authorize the same.

Date: _____

Parent signature: _____

Parent signature: _____

Has your son/daughter had his/her eyes tested? If **YES**, please give date and result of test:

Has your child ever had a hearing test? If **YES**, please give date and result of test:

What kind of Medication does your son/daughter take regularly? If **YES**, please provide **name of drug, dosage, and reason**

Does your child have any dietary/food restrictions? If **YES**, please describe:

Date:_____ *Parent signature:*_____

PARENTS CONSENT FORM

In case of a medical emergency resulting from an accident/illness, and medical attention is required and the child/children parents/guardian/babysitter cannot be reached immediately; permission is hereby given to take the child/children to the nearest medical facility and to proceed with treatment. I understand that any medical expenses incurred will the responsibility of the parent/guardian.

Name of Child

Parent/Guardian Signature

Date

MEDICATION ADMINISTERED FORM
(To be attached to medication permission form)

Child's name: _____

Name of medication: _____

Physician's Name: _____

Phone: _____

Dosage: _____

Date medication began: _____

Date to be discontinued: _____

Allergic reaction signs: _____

Additional information: _____

Day	Date	Amount	Time	Signature	Notes

Administrator's Signature Date

ILLNESS POLICY

Quest Sports Inc. is dedicated to the well being of your child/children. It is in the best interest of your child/children that you keep you child/children at home if:

1. Your child has a very high fever, please DO NOT bring him/her to school, (a child's temperature must be (37 Celsius) for 24/hrs before returning to the school.
2. Your child has discharging eyes, he/she may not return to the school until eyes have been free of discharge for 24/hrs.
3. Your child has diarrhea, he/she may not return to the school if he/she does not have a normal stool within 24/hrs.
4. Your child/children is vomiting he/she may not return to the school until he/she has not vomited for a 24/hr. period.

IF YOUR CHILD BECOMES ILL AT THE SCHOOL, AND YOU ARE NOTIFIED YOU ARE REQUESTED TO PICK UP YOUR CHILD/CHILDREN AS SOON AS POSSIBLE.

Parent/Guardian Signature Date

Administrator's Signature Date

VIDEO/PICTURE WAIVER

I/We authorize my/our child to have his/her picture/video taken solely for the use QSA.

Name of Child

Parent/Guardian Signature Date

ENROLMENT AGREEMENT

Terms of Contract for The Quest Sports Inc.

- Post -dated cheques for the full year/ remainder of the year must accompany the enrolment forms.
- Written notice of each child's withdrawal must be received 2 months prior to intended date of withdrawal.
- After request for withdrawals has been approved, the remaining post-dated cheques will be returned to the parent/guardian.
- There are no refunds for mid-month withdrawals, holidays, sick days, or missed days for any other reason throughout the year.
- A charge of \$50 will be applied against all N.S.F cheques.
- We will insist on strict adherence to our established fees schedule and payment policies.
- The school reserves the right to limit and terminate the enrollment.
- In no event the QSA will be liable to the parents or the children for damages or injury to persons or property, or any indirect or incidental or consequential damages, however caused.

Parent/Guardian Signature

Date

Administrator's Signature

Date