

SCHOOL YEAR Program Registration Form



Participant Information:

Child's Last Name: _____ Child's First Name: _____

Date of Birth (DD/MM/YR): _____ Current Age: _____ Grade: _____

Parent/Guardian #1: Last Name: _____ First Name: _____

Please check if this is your child's primary place of residence:

Mailing Address: _____
(P.O. Box, Number, Street,) (Town/City) (Province) (Postal Code)

Physical (Home) Address: _____
(Number, Street,) (Town/City) (Province)

Primary Phone Number (where you can be reached): _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____
(for parent newsletter and child program information purposes)

Parent/Guardian #2: Last Name : _____ First Name: _____

Please check if this is your child's primary place of residence:

Mailing Address: _____
(P.O. Box, Number, Street,) (Town/City) (Province) (Postal Code)

Physical (Home) Address: _____
(Number, Street,) (Town/City) (Province)

Primary Phone Number (where you can be reached): _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____

Emergency Contact Information (other than parents/guardians listed above):

Emergency Contact # 1. Name: _____ Phone Number: _____

Full Street Address: _____
(Number, Street,) (Town/City) (Province)

Emergency Contact # 2. Name: _____ Phone Number: _____

Full Street Address: _____
(Number, Street,) (Town/City) (Province)

DISMISSAL:

I give my child permission to leave the program independently (**child must be in Grade 2 or higher for independent departure**)

Yes, my child may leave at _____ pm and: Walk home Walk to my workplace

No, my child will be picked up at the program by the individual(s) designated below. (Only those listed below will be allowed to pick up your child.)

In addition to the parents/guardians listed, my child may also be picked-up by the following people:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

HEALTH INFORMATION:

List any allergies, medications or medical conditions:

Are immunizations up to date? Yes No

AUTHORIZATION

By completing and submitting this form, I hereby state that the information above is true and understand that any changes to the above information must be communicated to on-site program staff to maintain up to date records.

(printed **parent/guardian** name)

(Signature or mark X above)

(date: dd/mm/yyyy)