Lumby School's Out Program

Registration Form 2022/2023

First Last	Enrollment date:
Date of Birth:/ Gender: Age: Grade: (In September)	Attendance dates received:
Child lives with: Parents Mother Father Guardian Mailing Address:	Child Access Can an adult, other than the parent(s)/guardian(s), pick up your child?
City/Province:Postal Code:	No Yes (if yes), who I give consent to Kid's Space After School Program to release my child to someone other than the parent/guardian. I understand the staff will not
Parent/Guardian #1:	release a child unless the parents/guardians have notified staff of who can pick up the child and until they have seen proper identification.
Home Phone: Cell Phone:	Initials ()
Work Phone: Place of Employment: Email address:	Person(s) who <u>CANNOT</u> access your child: (Provide Custody Order(s) if any- REQUIRED by Licensing)
Parent/Guardian #2:	Emergency Contacts Friends or relatives who are NOT living in the same house as child
Home Phone: Cell Phone:	(At least 1 is REQUIRED by Licensing)
Work Phone: Place of Employment:	1. Name:
Email address:	Home phone: Cell/work:
Does your child identify as an Indigenous Person or other racialized community: yes no If yes: First Nations Inuit Metis Other	2. Name:

Consent

1.	1. In case of an emergency, I hereby give permission to the staff to call a doctor or ambulance in the event of an accident or illness involving my		tor:		_ Pho
child and to release my child to someone other than the parent. I will be responsible for the costs	child and to release my child to someone other than the parent. I will be responsible for the costs.	Care	e Card #:		
	Initials	1.	Immunizations	up to date: No	_ Yes
2.	I give my consent for my child to take part in field trips under the supervision of the staff.	2.	Allergies/Asthn	na: No Yes (if yes, fill out "Aller	 gies/A
	Initials	3.		Medical Disability: s, fill out "Special Needs	
3.	I give permission for my child to have his/her picture taken while participating in Kid's Space After School Program activities. I understand that the picture may be used in Kid's Space After School Program or	4.		ation staff will need es, fill out "Medication	
	WCRC publications, local newspapers (Lumby Valley Times, Cherryville News, Morning Star) on WCRC's website/Facebook page and/or emailed		•	have a Behaviour (if yes, fill out "Beh	haviou
	to parents/guardians. Initials	Spe	cial comments/	Instructions:	
4.	My child's immunization is up to date, and if not, I understand that incase of an outbreak my child(ren) will not be permitted at the program until immunizations forms are brought in. Initials		s a prepaid prog chedule has bee	gram. Your registra en received.	ition i
5.	Kid's Space After School Program reserves the right to dismiss any attendee for behavioral problems, at the discretion of the staff.	Please note that once you have registered a spot, this money is not refundable for absen			
	Initials	plans			
6.	There are no refunds, neither are there carry-overs from previous or present programs or camps for the Kid's Space After School Program.		e ensure you en onk@whitevalle	nail the days your c <u>y.ca</u>	child v
	Initials				
7.	I have read both sides of the registration form and understand the above information. I have initialed all that I agree to. All information on			Photo and	Des
,,		PI	noto: Hard copy	or Digital	
	this form is correct, to the best of my knowledge.		eight:	Weight:	
Siį	gnature: Date:	H	air Color:	Identifying Marks	(if ar

Health History		
Doctor:	Phone:	
Care Card #:		
Immunizations up to date: No_	Yes	
2. Allergies/Asthma: No Yes (if yes, fill out "A	 	
3. Special Needs/Medical Disabilit (if yes, fill out "Special Ne	ry: No Yes eds/Long Term Condition Form")	
	eed to give your child? No Yes ion Consent and Record Form")	
5. Does your child have a Behavio		
.,,,,,	Behaviour Plan Form")	

is not complete until payment

itia		

nd pre-paid for your child(ren)'s nces due to illness or change of

will attend to

Photo and Description					
Photo: Hard copy or Digital(email to paytonk@whitevalley.ca)					
Height:	Weight:	Eye Color:			
Hair Color:	Identifying Marks (if any):				