



## Consent

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 child and to release my child to someone other than the parent. I will be responsible for the costs.

**Initials** \_\_\_\_\_

2. I give my consent for my child to take part in field trips under the supervision of the staff.

**Initials** \_\_\_\_\_

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 WCRC publications, local newspapers (Lumby Valley Times, Cherryville News, Morning Star) on WCRC's website/Facebook page and/or emailed to parents/guardians.

**Initials** \_\_\_\_\_

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** \_\_\_\_\_

5. Kid's Space After School Program reserves the right to dismiss any attendee for behavioral problems, at the discretion of the staff.

**Initials** \_\_\_\_\_

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.

**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 this form is correct, to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Health History

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card #: \_\_\_\_\_

1. Immunizations up to date: No \_\_\_ Yes \_\_\_

2. Allergies/Asthma: No \_\_\_ Yes \_\_\_  
*(if yes, fill out "Allergies/Asthma Form")*

3. Special Needs/Medical Disability: No \_\_\_ Yes \_\_\_  
*(if yes, fill out "Special Needs/Long Term Condition Form")*

4. Is there **Medication** staff will need to give your child? No \_\_\_ Yes \_\_\_  
*(if yes, fill out "Medication Consent and Record Form")*

5. Does your child have a **Behaviour Plan** in place? No \_\_\_ Yes \_\_\_  
*(if yes, fill out "Behaviour Plan Form")*

Special comments/Instructions: \_\_\_\_\_

\_\_\_\_\_

This is a prepaid program. Your registration is not complete until payment and schedule has been received.

**Initials** \_\_\_\_\_

Please note that once you have registered and pre-paid for your child(ren)'s spot, this money is not refundable for absences due to illness or change of plans.

**Initials** \_\_\_\_\_

Please ensure you email the days your child will attend to [paytonk@whitevalley.ca](mailto:paytonk@whitevalley.ca)

## Photo and Description

Photo: Hard copy \_\_\_\_\_ or Digital \_\_\_ (email to [paytonk@whitevalley.ca](mailto:paytonk@whitevalley.ca))

Height:

Weight:

Eye Color:

Hair Color:

Identifying Marks (if any):