



StrongStart Registration Form – Centre

FACILITATOR USE ONLY Attended

PLEASE PRINT CLEARLY – Using black or blue pen only Please use a separate form for each child. Thank you.

Registration Date: _____ Proof of Age: _____
(Copy of birth certificate/ status card required)

Previous StrongStart _____

Last date attended _____ I am a... Visitor Living in the area

If you filled in “Previous StrongStart” above, will you continue to attend there as well or do you wish to be withdrawn?

I will continue to attend both centres I wish to be withdrawn from my previous centre and only registered here

CHILD INFORMATION/ HOME ADDRESS

Last Name _____ House # _____ Apt. # _____

First Name _____ Street Name _____

Middle Name _____ City _____ Postal Code _____

Name on Birth Certificate if different from above _____

Female Male Age of child _____ Home Phone # _____

Date of Birth (ie, 25 Apr 1993) Day _____ Month _____ Year _____

PARENT/LEGAL GUARDIAN INFORMATION

Last Name _____ Last Name _____

First Name _____ First Name _____

Relationship _____ Relationship _____

Day Phone _____ Cell _____ Day Phone _____ Cell _____

Email _____ Email _____

Address (if different from child) _____ Address (if different from child) _____

CAREGIVER/ADULT ATTENDING WITH CHILD

Last Name _____ Last Name _____

First Name _____ First Name _____

Relationship _____ Relationship _____

Day Phone _____ Cell _____ Day Phone _____ Cell _____

Email _____ Email _____

Address (if different from child) _____ Address (if different from child) _____

EMERGENCY CONTACT INFORMATION

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

CHILD’S MEDICAL INFORMATION

Life Threatening Yes No

Medical Alert(s) and/or Allergies _____

Parent/Guardian Signature _____ Date _____

PLEASE READ OTHER SIDE OF THIS FORM.

MEDIA RELEASE FORM

***StrongStart BC* and Early Learning Parent/Guardian Permission**

This information will be used for StrongStart program purposes. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act.

As the parent or legal guardian of the Child named below (“Child”), I hereby give my consent to employees or agents of School District #79 (District) and the employees or agents of the Province of British Columbia (“Province”), as represented by the Ministry of Education, to record, photograph or film the Child and myself in connection with the District’s *StrongStart BC* Centre.

I understand that these photographs or other recordings may be used in School District or Provincial publications or websites. I hereby grant to School District #79 and to the Province, its employees, representatives, licensees and assigns, the right to use, reproduce, modify, publish or distribute both my own and the Child’s voice, photographic images or likenesses (“Recordings”) worldwide for the educational or promotional purposes related to *StrongStart BC* Centres or any other Early Learning initiatives of the Province.

I understand that neither I nor the Child will own or be paid for the Recordings. I hereby release and discharge any right, title or interest that I or the Child may have in the Recordings or in any remuneration for using the likenesses or image.

CHILD

(Print Name)

PARENT OR LEGAL GUARDIAN

(Print Name)

(Signature)

(Date)