



FACILITATOR USE ONLY
Attendance Dates

1. _____
2. _____
3. _____

StrongStart Registration Form

CHILD MUST ATTEND 3 TIMES BEFORE REGISTERING IN MYED

CLERICAL USE ONLY	Pupil #	PEN
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PLEASE PRINT CLEARLY - Using black or blue pen only.

Please use a separate form for each child.

Start Date _____

Proof of Age _____

Previous Strong-Start Location _____

I am a... Visitor or 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If you filled in "Previous StrongStart" above, will you continue to attend there as well or do you wish to be withdrawn?

- I will continue to attend both centres I wish to be withdrawn from my previous centre and only registered here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

Legal Last Name _____ House # _____ Apt. # _____

Legal First Name _____ Street Name _____

Legal Middle Name _____ City _____ Postal Code _____

Usual Name (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 _____

CAREGIVER/ADULT ATTENDING WITH CHILD

Last Name _____

Last Name _____

First Name _____

First Name _____

Relationship _____

Relationship _____

Day Phone _____ Cell _____

Day Phone _____ Cell _____

Email _____

Email _____

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 _____

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.

If you do not wish your child to be photographed, please write “DECLINED” in the space for the child’s name

CHILD

(Print Name)

PARENT OR LEGAL GUARDIAN

(Print Name)

(Signature)

(Date)
