StrongStart Registration Form

qathet School District

Office Use Only

Proof of Age Verified ☐ Staff Initials_____ Enrollment Date_____ Program Location: EH☐ WV☐ HE☐ GO☐

CHILD'S INFORMATION		
Child's **LEGAL** Last Name:		
Child's **LEGAL** First Name:	Preferred name (if different from legal name):	
Child's **LEGAL** Middle Name(s):	Gender:	
Date of Birth (MM/DD/YYYY) Month:	Day:	Year:
Mailing Street Address:	City:	Postal Code:
Home Phone:	Property Address (if different from mailing address):	

PARENT/ GUARDIAN INFORMATION	
First & Last Name:	First & Last Name:
Relationship to Child:	Relationship to Child:
Home/ Cell Number:	Home/ Cell Phone:
Email:	Email:
Sibling(s) Names & Birthdates:	

- **Child lives with: Both Parents☐ Mother☐ Father☐ Guardian☐**
- **I would like to be emailed regarding StrongStart programming: YES☐ No☐**

EMERGENCY CONTACT INFORMATION	
First & Last Name:	
Relationship to Child:	Home/Cell Number:

MEDICAL INFORMATION
Health Information / Allergies:

PLEASE FILL OUT BOTH SIDES OF THE FORM PRIOR TO SUBMITTING

To finalize your child's registration, please present your child's birth certificate to an SD47 employee to verify your child's date of birth.

STRONGSTART PROGRAM WAIVER

I, _____ will not hold SD47 Strongstart responsible for injuries to my child, loss of valuables, or damages while attending any StrongStart program.

Parent/ Guardian Signature	Date

PHOTO CONSENT & RELEASE

Yes, I give my consent ☐ **No,** I do not give my consent ☐

For the use of photographs or film of my child to be used in conjunction with StrongStart programs for publicity purposes, social media or workshop presentations.

Parent/ Guardian Signature	Print Name	Date

HEALTH & WELLNESS AGREEMENT

To maintain the health and safety of all participants, we have implemented the following Health & Wellness Agreement. Children and families are welcome to participate in StrongStart programs when they are free from the following:

- Covid-19 related symptoms as stated by BCCDCD and/or Vancouver Coastal Health
- Pain – any complaints of unexplained pain, body aches, headaches, sore throat, etc.
- Chills and fatigue
- Fever (100F/38.3C or more)
- Infected skin or eyes
- Undiagnosed rash
- Nausea and/or vomiting
- Severe itching or body and/or scalp
- Known or suspected communicable diseases
- Loose stool or diarrhea combined with fever or vomiting within last 24 hours
- Runny nose or cough accompanied by fever
- Green mucus nasal discharge
- Difficulty in breathing wheezing or persistent cough

SD47 StrongStart must be informed regarding a diagnosis of a serious illness or contagious disease within the family.

Parent/ Guardian Signature	Print Name	Date

The information on this form is collected under the authority of the School Act. SD47 StrongStart collects data on all programs in order to help with evaluation, planning, and funding of our programs. Information will be kept secure and confidential in accordance with the Freedom of Information and the Protection of Privacy Act.