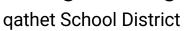
## **StrongStart Registration Form**





Office Use Only				
Proof of Age Verified Staff Initials Enrollment Date		Program Location: KC WV HE GO		
CHILD'S INFORMATION				
Child's <b>LEGAL</b> Last Name:				
Child's <b>LEGAL</b> First Name:		Preferred name (if different from legal name):		
Child's <b>LEGAL</b> Middle Name(s):		Gender:		
D. J. (Dist. (cons/gg/hann)) and st				
Date of Birth (MM/DD/YYYY) Month: Day: Year:				
NACTION OF CAME AND ADDRESS OF	0:4	De stal Oa day		
Mailing Street Address:	City:	Postal Code:		
Harra Dharra	Duananti A	Donas antis Adding a service		
Home Phone: Property Address (if different from mailing address):		IGFESS (if different from mailing address):		
BARENT/ OLIABBIAN INFORMATION				
PARENT/ GUARDIAN INFORMATION	Final 0	and Marian		
First & Last Name:	FIRST &	Last Name:		
Dalatianahin ta Childe	Dolotio	achin to Child		
Relationship to Child:	Relation	nship to Child:		
Home/ Cell Number: Home/		Cell Phone:		
Tiome, Centiumber.	1 IOITIE/	Cell Filone.		
Email: Email:				
Linaii.	Lillall.			
Sibling(s) Names & Birthdates:				
Obling(s) Names & Dirtildates.				
Child lives with: Both Parents	Mother F	ather Guardian		
I would like to be emailed regarding StrongStart programming: YESNo				
EMERGENCY CONTACT INFORMATION				
First & Last Name:				
Polationship to Child:	Han	ne/Cell Number:		
Relationship to Child:	Hor	ne/Ceii Number:		
MEDICAL INFORMATION				
MEDICAL INFORMATION  Core Cord Number:				
Care Card Number:				
Health Information / Allergies:				

PLEASE FILL OUT BOTH SIDES OF THE FORM PRIOR TO SUBMITTING

Your child's Birth Certificate must be submitted to complete registration

STRONGSTART PROGRAM WAIVER	thold CD 47 Ctuomentout management his for
	t hold SD47 Strongstart responsible for
injuries to my child, loss of valuables, or dam	lages wrille attending any StrongStart
program.	
Parent/ Guardian Signature	Date
PHOTO CONSENT & RELEASE	
Yes, I give my consent _ No, I do not give	e my consent _
For the use of photographs or film of my chil	d 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 partic Health & Wellness Agreement. Children and to StrongStart programs when they are free from  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	families are welcome to participate in
<ul> <li>Nausea and/or vomiting</li> </ul>	<ul> <li>Difficulty in breathing wheezing or</li> </ul>
	persistent cough
SD47 StrongStart must be informed regarding	g 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.