



StrongStart Registration Form

School District 47 Powell River

Office Use Only

Proof of age attached

Enrollment date: _____

First Program Visited: KC WV HE OT

CHILD'S INFORMATION

Child's LEGAL last name: _____

Child's LEGAL first name: _____

Child's LEGAL middle name(s): _____

Preferred name (if different from LEGAL name): _____

Birth date: Day: _____ Month: _____ Year: _____ Preferred gender: _____

Mailing address: _____

City/Town: _____ Postal code: _____ Home phone number: _____

Property address (if different from mailing address): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Parent/Guardian #2

First & Last Name: _____ First & Last Name: _____

Relationship to child: _____ Relationship to child: _____

Home/cell number: _____ Home/cell number: _____

Email: _____ Email: _____

Siblings (name and birthdate): _____

EMERGENCY CONTACT INFORMATION

First & last name: _____

Relationship to child: _____ Home/cell number: _____

MEDICAL INFORMATION

Care card #: _____

Health information: _____

(Allergies etc.) _____

I would like to receive information regarding StrongStart programming emailed to me: YES NO

Email address: _____

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

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

Parent/Guardian

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

Please print name

Date

SD47 STRONG START PROGRAM – HEALTH & WELLNESS AGREEMENT

In order 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

Please 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.

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