

HEPBURN AFTER-SCHOOL PROGRAM



REGISTRATION FORM

Today's Date:	Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Drop-in <input type="checkbox"/>
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CHILD/CHILDREN INFORMATION

Last name:	#1 First:	#2 Name:	#3 Name:
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Birth date:	Sex: M F	Birth date:	Sex: M F	Birth date:	Sex: M F
Age:	Grade:	Age:	Grade:	Age:	Grade:

Address:	Email:
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Home phone no.:	Cell phone no.:	Work phone no.:
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Name and ph.# of Authorized Pickup: #1:	Name and ph.# of Authorized Pickup: #2	Name and ph.# of Authorized Pickup: #3
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I give authorization for my child/ren to walk home by themselves: YES NO

Parent/Guardian Signature: _____

Parent/Guardian Name(s): _____

ADDITIONAL INFORMATION

SK Health #:	SK Health #:	SK. Health #:	Known Medical conditions? <input type="radio"/> Yes <input type="radio"/> No
Do any children have food/drug/other allergies? <input type="radio"/> Yes <input type="radio"/> No		Will your children require provided snack? <input type="radio"/> Yes <input type="radio"/> No	
Allergy: Child:	Allergy: Child:	Allergy: Child:	Allergy: Child:

Additional Medical Information:
Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

Physician's Name: _____ Phone Number: _____

***If there is additional medical information, please describe fully on a separate attached page.**

Are there any custody concerns or arrangements that we should be aware of?

Yes No

*if yes, please include court order

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):

Relationship to child(ren):

Home phone no.:

Work/Cell phone no.:

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. I also authorize HEPBURN AFTER-SCHOOL PROGRAM to use child(ren)'s medical information in the case of emergency medical treatment.

Patient/Guardian signature

Date

***Payment can be made in cash, cheques payable to TOWN OF HEPBURN, or e-transfers to info@hepburn.ca with password "afterschool"**

I as a parent/guardian would like to volunteer my time to the Hepburn After-school Program:

Yes No

LIABILITY WAIVER

The Hepburn After School Program Participants Waiver of Liability & Media Consent of Hepburn After School Program takes the safety of all children registered in our programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child. The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, The Hepburn After School Program, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and to register your child in the Hepburn After School Program, you are accepting risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child with any necessary safety equipment such as proper shoes, clothing etc. I, _____ (Parent/Guardian) of _____ (Child) consent to have my child receive services from the Hepburn After School Program and am registering my child voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of the Hepburn After School Program that I have registered my child in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities. **ACKNOWLEDGEMENT** The above-named child has my permission to participate in program activities as planned by the Hepburn After School Program that I have registered my child in. I waive my legal rights against the Hepburn After School Program for any loss, injury or damage suffered during or by reason of participating in all events, programs and activities scheduled while my child is in the program. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

Parent/Guardian Signature

Date

MEDIA RELEASE

I, _____ (Parent/Guardian) give permission for my child _____ to appear in photographs, video and/or audio that may be used in the promotional materials of the Hepburn After School Program. My child's image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by the Hepburn After School Program No names will ever be used in association with a child's image without written permission of the parent/guardian. By my signature as parent/guardian for _____ (child) I give permission the Hepburn After School Program to use any image taken during a Hepburn After School Program for any of the purposes as described above.

Parent/Guardian Name (printed) and Signature

Date

OFFICE USE ONLY:

Family Membership Fee \$ _____
Number of Children _____
Full Time Rate \$ _____ x number of children _____
Part Time Rate \$ _____ x number of children _____
Drop-In Rate \$ _____ x number of children _____
Snack Option \$ _____ x number of children _____
Total \$ _____

Payment Method Cash ___ Cheque # _____ e-transfer _____
Received on Date _____ By _____
Data Entered on Date _____ By _____