

## Burnaby Neighbourhood House Preschool Summer Program 2016

|                     | Tresendor Summer Trogram 2010 |      |         |               |  |
|---------------------|-------------------------------|------|---------|---------------|--|
| Child's First Name  | Child's Last Name             |      | Sex     | Date of Birth |  |
|                     |                               |      |         | 1 1           |  |
|                     |                               |      |         | MM/DD/YYYY    |  |
| Child's Address     |                               | City |         | Postal Code   |  |
|                     |                               |      |         |               |  |
| Home Phone #        | Language(s) Spoken            |      |         |               |  |
|                     |                               |      |         |               |  |
| Mother' First Name  | Mother's Last Name            |      | Home #  | :             |  |
|                     |                               |      | Work #  | :             |  |
|                     |                               |      | Cell #: |               |  |
| Father's First Name | Father's Last Name            |      | Home #: |               |  |
|                     |                               |      | Work #  | :             |  |
|                     |                               |      | Cell #: |               |  |

## **Emergency Contact** (Who Is Not Child's Parent)

| First Name | Last Name | Relationship | Home #: |  |  |
|------------|-----------|--------------|---------|--|--|
|            |           |              | Work #: |  |  |
|            |           |              | Cell #: |  |  |

| Person(s) <u>NOT</u> authorized to pick up your child: |                        |
|--|------------------------|
| Name:  | Relationship to child: |

## **Medical Information**

The purpose of the Medical Information is to obtain information that will help us ensure that your child has a safe and pleasant experience.

| Child's BC Medical #   | Other Medical Insurance Plan #  |  |  |  |  |
|--|---|--|--|--|--|
|  |   |  |  |  |  |
| Child's Doctor   | Phone #   | Is your child's immunization up to date? |  |  |  |
|  |   | □ Yes □ No                               |  |  |  |
| Does your child have any healt   | Does your child have any health problems, disabilities we should be aware of? |  |  |  |  |
|  |   |  |  |  |  |
| Does your child require special assistance to participate in any activities in school? |   |  |  |  |  |
| Does your child have any allergies (example; bee stings, peanuts)?                     |   |  |  |  |  |

## Burnaby Neighbourhood (B.N.H.) House Daycamp Waiver

- I have completed an up-to-date registration form and agree to inform B.N.H. staff of changes affecting its accuracy.
- I agree that my child(ren) will follow all reasonable instructions and directions of the leaders and instructors duly appointed by the B.N.H. in connection with participation in the Daycamp program.
- I hereby release, remise and forever discharge B.N.H., its employees or agents, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in anyway connected with participation in any program or attendance at any location operated by B.N.H.
- I give my permission to Burnaby Neighbourhood House to:
  - **□** take my child on outings while in Daycamp
  - □ use pictures taken of my child for within the facility and in B.N.H. promotional material
  - □ call a physician or ambulance in the case of an accident or illness of my child when I cannot be immediately reached

Signed: \_\_\_\_\_

Date:\_\_\_\_\_

| Office Use Only: Do Not Write in this Space |          |                        |             |              |
|---|----------|------------------------|-------------|--------------|
| Weeks Registered:                           | □ Wk 1   | July 4 – 9             | □ Wk 2      | July 11 – 15 |
|   | □ Wk 3   | July 18 – 22           | □ Wk 4      | July 25 – 29 |
|   | □ Wk 5   | Aug $2-5$ (Short week) | □ Wk 6      | Aug 8-12     |
| Weeks Waitlisted:                           |          | 2 🗆 3 🗆 4 🗆 5 🗆 6      |             |              |
| Payment Info:                               |          |                        |             |              |
| Camp Fees: \$                               |          | Subsidy: \$            | □ Ministry  | √ □ Others   |
| Paid: \$                                    | □ Cash I | Cheque Date            | Enrolled: _ | MM/DD/YYYY   |