



**Seabird Island Band
Out of School Care & Summer Recreation**

Registration Form

ATTN: Keena McNeil:
PO Box 650, 2895 Chowat Rd, Agassiz BC V0M 1A0
Tel: (604) 796-2177 • Fax: (604) 796-3729
Cell: (604)-798-2177

*****Confidential once completed*****

Please ensure all parts of the application are completed in full

A. CHILD'S INFORMATION

Name: _____ Gender Male, Female

Birthdate: _____ CareCard No. _____

Child Lives With: Mother, Father, Other (specify): _____

Home Phone: _____ Address: _____

Mother/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____

Place of Employment: _____

Legal Custody Agreement between parents? No, Yes (If yes, please attach the details)

****PLEASE BE AWARE THAT WE DO NOT HAVE THE LEGAL AUTHORITY TO DENY ACCESS OF A CHILD TO ANY PARENT UNLESS A COURT ORDER OR RESTRAINING ORDER SHOULD INDICATE THIS****

B. EMERGENCY INFORMATION (please fill out care plan if allergies present)

Allergies: _____

Child's Doctor: _____ Phone: _____

Emergency Contact (other than parent/guardian that are readily available in the case of an emergency)

Name:	Relationship to Child	Home Phone	Cell Phone

I authorize the staff of the Seabird Island Out of School Care program to call a Doctor or ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached.

Signature Date

Other information we should know about child (special diet, speech or language, vision or hearing, etc. If there are any of these, please fill out a care plan)



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Are your child's immunizations up to date? (Please attach a copy of immunization records)

Yes No Not Immunized If no, please explain: _____

Note: if child is not immunized, and should the program have an outbreak, your child will be sent home for safety.

C. BEHAVIOUR, LIABILITY AND CONSENT

FIELD TRIPS: I give my permission for my child to be transported by bus/van and participate in field trips organized by the Seabird Island Out of School Care Program/Summer Recreation Program. Initial _____

LIABILITY INSURANCE: Is provided by the Seabird Island Band; however, participation in programmed sports and activities involves a risk of normal injuries associated with participation. Your child's participation will be deemed to indicate your acceptance of such risks. Initial _____

PHOTOGRAPHIC RELEASE: I hereby do or do not consent and authorize the Seabird Island Band to use and reproduce photographs taken of my child and to circulate for advertising or publicity purposes of every description. Initial _____

BEHAVIOR: Staff are asked to document incidents relating to disruptive or unacceptable behavior of any child. After three infractions, parents will be informed with the expectations that the child will be spoken to at home. Should the behavioral problems continue, the Seabird Island Band reserves the right to transfer responsibility if the child back to the parent. Removal of a child from the program would only occur in extenuating circumstances (hitting, swearing, jeopardizing someone's safety, etc). Initial _____

D. CHILD'S RELEASE FORM

Child will not be allowed to leave the premises on their own without written permission from their parent/guardian. Initial _____

My child is allowed to walk or bike home every day after the program ends at 5pm (please note that this means your child leaves the program at 5pm without a phone call to you).

No, Yes

Child will not be released to any individual unless we have your permission (parent/guardian signature required, we cannot release child upon a phone call). Initial _____

Persons authorized to pick up child: Mother Father Guardian _____

Other Persons Authorized to Pick up Child	Relationship to Child	Home Phone	Cell Phone

*If you need more room, please attach a separate sheet. Please note that we **cannot** release child upon a phone call to someone who is not on this list.*

I understand and agree with the information written above:

Parent/Guardian signature: _____

Date _____



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Please indicate on the following table which days your child will be in attendance:

Monday	Tuesday	Wednesday	Thursday	Friday

If your child will not be in attendance on a day he/she is scheduled to be there, please give us a call to confirm.

E. CHILD'S HISTORY

Other children at home: _____

Favourite activities: _____

What are Food dislikes: _____

your Previous experiences away from home: _____

child's: Significant events in the past year that may affect his/her behavior: _____

Is your child subject to any of the following (if yes, please explain)

- Yes No Ear/Nose/Throat Infections _____
- Yes No Urinary Tract Infections _____
- Yes No Bleeding Noses _____
- Yes No Skin Problems _____
- Yes No Seizures _____
- Yes No Other Medical Conditions _____
- Yes No Emotional Problems _____
- Yes No Behavior Problems _____
- Yes No Learning Disabilities _____

Other Comments _____

Please note if any of the above questions are answered 'yes', we require a care plan for each section.



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Mosquito Repellent/Sun Block Permission Form

I, _____ as parent/guardian of _____

Do Do not give my permission for Seabird Island Out of School Care staff to apply:

Mosquito Repellent, Sun Block / Sun Screen, Please do not apply to my child

To my child when appropriate (summer months when it is hot and mosquitoes are out). OOSC supplies these products.

Comments: _____

Signature of parent/guardian

Date

Please note that we require all sections to be filled out completely before we can register your child and have them attend our program. All additional forms (care plans, immunization records, etc) need to be completed within a week of the first day your child is registered.

Thank you,

Out of School Care Staff

For Office Use Only

All areas on form completed fully and correctly: Yes ___ No ___ Specify: _____

Additional forms needed included: Yes ___ No ___ Detail: _____

Immunization records attached: Yes ___ No ___ Detail: _____

Changes/additions completed: Yes ___ No ___ N/A ___ Date: _____ Authority: _____ Initial: _____

Registered: Yes: ___ No ___ Waitlisted: Yes ___ No ___ Number: _____