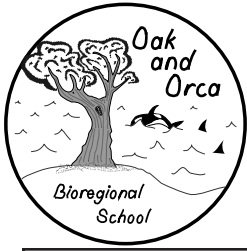


photo taken

Staff will take each child's photo for emergency use.



Oak and Orca Summer Program Registration Package

Program costs (Childcare Subsidy may be applied to fees):

All fees must be paid in advance to ensure space in the program.

Full Time: \$415 per month for over 6/\$550 per month for under 6

Drop In: \$28 per day; \$14 per half day

Start Date _____

End Date _____

Do you qualify for childcare subsidy? Y / N

Child's Preferred Name: _____ Legal Name: _____

male female

Address: _____ City: _____ Postal Code: _____

Is e-mail a good way to send you important information? YES NO

Home Phone: _____ E-mail Address: _____

Child's Birth date: _____ Provide contact numbers for people listed below:

Parent/Guardian 1: _____ 

In case of emergency, parent/guardian 1 can take custody of this child. YES NO Initial _____

Parent/Guardian 1 address: _____

Parent/Guardian 2: _____ 

In case of emergency, parent/guardian 2 can take custody of this child. YES NO Initial _____

Parent/Guardian 2 address: _____

Emergency Contact: _____ 

In case of emergency, the person named above can take custody of this child. YES NO Initial _____

Alternate Contact: _____ 

In case of emergency, the person named above can take custody of this child. YES NO Initial _____

Medical Number: _____ Doctor: _____ 

Child's General Health: _____ Medications: _____

Serious Allergies: _____

What are the current custody arrangements for this child?

Are there concerns regarding access? NO YES: Please elaborate & provide court documents.

Both parents are generally entitled to information about the child's progress. Is there any reason why this should be different for this child? NO YES: Please provide court documents.

Mark dates that you intend to have your child attend: Use "P" for half days; use "F" for full days.						
Weeks Care is Available	Full Week	M	Tu full day only due to field trip	W	Th full day only due to field trip	F
June 28 - July 2					X	
July 5-9						
July 12-16						
July 19-23						
July 26-30						
August 3-6		X				
August 9-13						
August 16-20						
August 23-27						
August 30 - September 3						

Does your child have any special needs? _____

Is your child permitted to use and eat food as an educational or ceremonial tool?
 YES NO If yes, are there any food restrictions we need to consider?

What is your child's experience with cycling? _____

What is your child's experience with swimming? _____

Is there anything else we should know about your child?

If your child is seriously injured and we are unable to contact you immediately, we will take your child, or have emergency services take your child to a clinic or hospital. We will make every effort to contact you, however, an emergency contact is required in case no parent or guardian can be reached.

In case of a fire in the school building, the school will be evacuated and the children will wait for pick up in the adjacent ball field.

In case of an earthquake, we have stored supplies. If the building is safe, children will stay at the school with their teachers until a parent, guardian or one of the authorized non-parent pick-up people are available to pick them up. If the building is unsafe, or no authorized people are available to pick up the child, the child will be taken to the Cedar Hill Recreation centre.

Date: _____ Signature: _____

Print Parent/Guardian Name: _____

Acknowledgement

Please see our policies at <http://oak-and-orca.ca> or request to borrow a copy.

I have read and agree that myself, my family and my child will abide by the policies of Oak and Orca School as set out in the policy manual.

Date: _____ Signature: _____

Immunizations:

My child has not had ANY immunizations to date.

My child has had the following immunizations:

Please insert the dates of all immunization

-- You can request this information from your health unit if you have lost the records

-- If you prefer, we can take a copy of your immunization record

Date immunization received:								Grade	
	1 st visit (@2 mo.)	2 nd visit (2 mo. after 1 st)	3 rd visit (2 mo. after 2 nd)	4 th visit (12 mo. of age)	5 th visit (12 mo. after 3 rd)	4 - 6 yr.	6	9	
	Infanrix hexa	▲	▲	▲					
Pediacel					▲				
Quadracel						●			
Adacel								♥	
Hepatitis B							■ ■		
Pneumococcal conjugate	◆	◆		◆					
Meningococcal C conjugate	*			*			*		
Measles/Mumps/Rubella (MMR)				▷	▷				
Varicella (Chickenpox)				▼		▼	▼		
Human Papilloma Virus (HPV) (girls only)							×	×	
Influenza (Flu)			▲						

Non-Parent Pick Up

Child's Name: _____

I give permission for the following people to pick my child up from school:

Full Name	Relationship to Child	Phone

Date: _____ Signature: _____

Print Parent/Guardian Name: _____

Field Trip Permission

I give permission for my child, _____, to participate in the program including all planned and spontaneous field trips. I understand that, on these trips, my child may be traveling by foot, bicycle, public transit or private motor vehicle.

I understand that the destinations and times for all planned field trips will be posted in an identified place or provided to me in a handout, the week preceding the trip.

I understand that I may not be notified of spontaneous trips to public libraries or to destinations within 2.5 km of the school and that transportation for these spontaneous trips will always be by bicycle, on foot or by public transit.

I understand that care and attention will be given to the safety of all participants but the School/Licensee and care givers cannot be held liable for any injury or loss which was not directly caused by the their failure to take due care. The school also reserves the right to remove a child from any activity if it is deemed necessary to insure the safety and well being of the other participants.

I understand that a committed volunteer who has been designated as a suitable caregiver by the Board of Directors or a parent of another child who attends the school, may provide immediate supervision to my child while away from the school on a field trip.

Date: _____ Signature: _____

Emergency Permission

It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to arrange for the child to be taken to the nearest emergency centre. Please sign the consent below so that we can take appropriate action on behalf of your child.

I hereby give consent that in the case of an emergency, my child, _____, can be taken to the nearest emergency centre using any form of transportation.

Date: _____ Signature: _____

Photo Release

I, on behalf of my child _____, give permission to Oak and Orca Bioregional School to photograph and/or record my child and/or my child's voice on still photographs, motion picture film, audio tape and/or video tape. I give permission to use this material, in whole, or in part, through the media of television, film, internet, multi-media presentation, radio, audiotape, videotape, or in printed form or display form for the promotion of the school or its activities or projects.

I, on behalf of my child, assign and transfer to Oak and Orca Bioregional School any and all rights, including copyright, which my child may have in this material.

Date: _____ Signature: _____

Print Parent/Guardian Name: _____