



Strong Start Registration Form

CLERICAL USE ONLY 3 X S L O PEN

PLEASE PRINT in black or blue pen only.

Please use a separate form for each child.

Date _____

Proof of Age _____

Previous StrongStart Location _____

I am a... Visitor Living in the Area

If you filled in "Previous StrongStart" above, will you continue to attend there as well or do you wish to be withdrawn?

_____ House # _____ Apt. # _____

Legal First Name _____ Street Name _____

Legal Middle Name _____ City _____ Postal Code _____

Usual Name (if different from above) _____

Female

Male

Age of child _____

Home Phone # _____

First Name _____

Last Name _____

Relationship _____

First Name _____

Day Phone _____ Cell _____

Relationship _____

Email _____

Day Phone _____ Cell _____

Email _____

CAREGIVER/ADULT ATTENDING WITH CHILD

Last Name _____

Yes

No

Medical Alert(s) and/or Allergies _____

Parent/Guardian Signature _____ Date _____

MEDIA RELEASE FORM

Strong Start BC and Early Learning Parent/Guardian Permission

This information will be used for Strong Start program purposes. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act.

As the parent or legal guardian of the Child named below ("Child"), I hereby give my consent to employees or agents of School District #79 (District) and the employees or agents of the Province of British Columbia ("Province"), as represented by the Ministry of Education, to record, photograph or film the Child myself in connection with the District's Strong Start BC Centre.

I understand that these photographs or recordings may be used in School District or Provincial