

Child Registration Form

PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE

THANK YOU FOR PRINTING CLEARLY

OFFICE USE ONLY

Proof of age attached

Enrollment date: _____

First program visited: MLFP MLQB WOW

Send to SD Date: _____

CHILD'S INFORMATION

Child's LEGAL last name: _____

Child's LEGAL first name: _____

Child's LEGAL middle name(s): _____

Preferred name (if different from LEGAL name): _____

Birth date: Day: _____ Month: _____ Year: _____ Preferred gender: _____

Mailing address: _____

City/Town: _____ Postal code: _____ Home phone number: _____

Property address (if different from mailing address): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First & last name: _____

Relationship to child: _____

Home/cell number: _____

Email: _____

Parent/Guardian #1

First & last name: _____

Relationship to child: _____

Home/cell number: _____

Email: _____

Do you see yourself or your child as a person of indigenous ancestry? YES NO

EMERGENCY CONTACT INFORMATION

First & last name: _____

Relationship to child: _____ Home/cell number: _____

MEDICAL INFORMATION

Care card #: _____

Other information: _____

I would like to have the bi-monthly OBLT newsletter emailed to me: YES NO

Email address: _____

PLEASE FILL OUT THE BACK OF THIS FORM - THANK YOU

Oceanside Building Learning Together Waiver

I, _____ will not hold Oceanside Building Learning Together responsible for injuries to my child, loss of valuables, or damages while attending any Oceanside Building Learning Together program. Please note the **Covid-19 Assumption of Risk & Permission Form** must also be signed.

Parent/Guardian

Date

Photo Consent & Release

Yes, I give my consent No, I do not give my consent

For the use of photographs or film of my child to be used in conjunction with Oceanside Building Learning Together for publicity purposes, social media or workshop presentations.

Parent/Guardian signature

Please print name

Date

Oceanside Building Learning Together Programs - Health & Wellness Agreement

In order to maintain the health and safety of all participants, we have implemented the following Health & Wellness Agreement. Children and families are welcome to participate in Oceanside Building Learning Together programs when they are free from the following:

- Covid-19 related symptoms as stated by BC CDC and/or Island Health
- Pain - any complaints of unexplained pain, body aches, headaches, sore throat, etc...
- Chills and fatigue
- Fever (100F/38.3C or more)
- Infected skin or eyes
- Undiagnosed rash
- Nausea and/or vomiting
- Severe itching or body and/or scalp
- Known or suspected communicable diseases
- Loose stool or diarrhea combined with fever or vomiting within last 24 hours
- Runny nose or cough accompanied by fever
- Green mucus nasal discharge
- Difficulty in breathing wheezing or persistent cough

Oceanside Building Learning Together must be informed regarding a diagnosis of a serious illness or contagious disease within the family.

Parent/Guardian signature

Please print name

Date

The information on this form is collected under the authority of the School Act. Oceanside Building Learning Together collects data on all programs in order to help with evaluation, planning, and funding of our programs. Information will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.