JAMES PARK COMMUNITY SCHOOL
After School Fall 2017 Program Registration

PROGRAM CODE	PROGRAM NAME	PROGRAM COST

PAID BY CHQ# _____ CASH _____ TOTAL DUE: _____ RECEIPT#: _____

INTAKE INTIALS: _____

Name of Student:	**Grade:**
Address:	
Parent/Guardian Name:	
Parent/ Guardian Phone Number:	
Email Address:	
Emergency Contact Name/ Phone Numbers:	
Medical Alerts/ Allergies Medication:	

My child will be picked up after the program by: _____
[Name, Relationship]

My child has permission to walk home: _____ YES _____ NO

Photographs/ Published Names: In accordance with the Freedom of Information and Protection of Privacy Act, School District No. 43 (Coquitlam) requires consent to use personal information for purposes unrelated to educational programs. The school district requests permission to use photographs/videos/names of individual students and groups of students in a variety of publications to promote the community school programs. This could include newsletters, brochures, newspapers, magazines, reports, public websites, radio, videos or television. This would also include permission for your child to be photographed by the media (TV or newspaper) for events relating to our community school programs.

I give my consent for the publication of my child's photographs/name and comments for purposes consistent with above: _____ YES _____ NO

JAMES PARK COMMUNITY SCHOOL
After School Fall 2017 Program Registration

Waiver

☐ I/We agree that our child(ren) will follow all reasonable directions and instructions given by the Program Instructor(s) in connection with the operation of any and all Community Schools Programs offered in School District #43.

☐ I/We release and forever discharge School District #43, school staff, Program Instructors and partners of the Community Schools of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Community School program, service or event.

☐ In the event that our child(ren)is/are injured, ill or in need of immediate medical attention and I/we are unable to be contacted, I/we authorize school district staff, Program Instructors and volunteers to seek medical attention on my/our behalf.

CODE OF CONDUCT: Community schools programs and/or camps participants will be following School District 43 (Coquitlam) Code of Conduct. Link: **School District 43 Code of Conduct** or located on www.sd43.bc.ca

☐ **I have reviewed the following policy, have discussed them with my child, and agree to abide to the SD43 Code of Conduct**

Parent/ Guardian Name: _____

Date: _____ **Signature:** _____