

“ALL ABOUT ME! Program”
REGISTRATION INFORMATION

REGISTRATION IS ON A FIRST COME FIRST SERVE BASIS.

To guarantee your child’s spot please return the attached forms to the Birchland School Office as soon as possible. We will confirm your registration status with you via e-mail (if provided) or phone and hard copy to let you know if you have a space or if you are on the waiting list for a space.

**Registration by MONDAY, Jan 11 for Writer’s Workshop and other programs
by FRIDAY, Jan 15**

As the programming is provided free of charge we do request that all families contribute for the snacks, however if your current circumstances do not allow you to please contact Mr. Pearse to discuss. Please do not send money with your registration, we will request this once registration is confirmed.

General Registration Information

Student’s name	Grade	Medical Alert & medication (if needed) provided to school?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent / Guardian Name: _____

Yes, Birchland has current contact information on file (Address, telephone, EMAIL, Emergency Contacts)

Or my current information is; _____

Will your child be picked up by someone other than yourself? **No**

Yes, my child will be picked up by (first, last name and relationship) _____

My child has permission to walk home **Yes** **No**

Session selection - Rank 1, 2 or 3rd choice

Session Name	Grades	Date Time	Rank session choice – 1, 2 or 3
Writers Workshop	3 – 5	Tues/Thurs	
Young Performers Workshop	2 – 5	Monday	
Intermediate Sports / Games	3 – 5	Tue / Thurs	
Primary Crafts and Minor Games	K – 2	Tue / Thurs	
Digital Photography	3 – 5	Wed	

Waiver on reverse – must be completed →

Please Fill Out and Return Both Waiver and Registration Form

Waiver

Full Name of Child : _____

For more information please contact the Birchland Office at 604 941-3428 or email fpearse@sd43.bc.ca

Behaviour Policy: Please ensure that your child *wants* to attend the program that they are registered for. These programs are not designed or staffed to deal with behavior issues. If a child's behaviour interferes with the program, he/she will receive notice that the behaviour is unacceptable. Should a second incident occur the child will be given a time out. A third incident will sideline the child for the remainder of the session. Parents will be contacted regarding ongoing serious behavior issues and if it is determined the child is unable to manage in the program(s).

W A I V E R

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. (Please refer to the Behaviour Policy in this brochure).

I/We release and forever discharge School District #43, school staff, Program Instructors and partners of the School 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 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.

I/We authorize School District #43 to use, at their discretion, any photographs containing our child(ren)'s images taken while participating in Community School programs and events for Community School brochures and promotional materials.

SIGNED _____ DATED _____

PLEASE SEND WAIVER AND REGISTRATION FORMS TOGETHER

Office Use Only Received by: _____ Date/Time: _____