



Jack Purcell Recreation Association

AFTER SCHOOL PROGRAM & CAMPS REGISTRATION

DATES: _____

GENERAL INFORMATION

| | | | | | |
|--------------------------|--|----------------------|----------------------|--------------------|--|
| <i>Child's Name</i> | | <i>Date of Birth</i> | | <i>Age</i> | |
| <i>Address</i> | | | | <i>Postal Code</i> | |
| <i>Alternate Address</i> | | | | <i>Postal Code</i> | |
| <i>Parent's Name</i> | | | <i>Telephone (H)</i> | | |
| <i>Telephone (W)</i> | | <i>Cell</i> | | <i>Email</i> | |
| <i>Parent's Name</i> | | | <i>Telephone (H)</i> | | |
| <i>Telephone (W)</i> | | <i>Cell</i> | | <i>Email</i> | |
| <i>Guardian's Name</i> | | | <i>Telephone (H)</i> | | |
| <i>Telephone (W)</i> | | <i>Cell</i> | | <i>Email</i> | |

EMERGENCY CONTACT

| | | | | | |
|--------------------------|--|--------------|---------------------------|--------------|--|
| <i>Emergency Contact</i> | | | <i>Relation to child:</i> | | |
| <i>Telephone (H)</i> | | <i>Cell:</i> | | <i>Work:</i> | |

HEALTH INFORMATION

| | | | | |
|--------------------------------|--|--|------------------|--|
| <i>Family Physician</i> | | | <i>Telephone</i> | |
| <i>Ontario Health Card No.</i> | | | | |

HEALTH CONCERNS

Does your child have any health problems that staff should be aware of? (i.e., asthma, allergy, etc.)

Please explain:

Will your child be taking medication? **Yes** **No** (If so, please fill out an Administration of Medication Form.)

Please explain:

OTHER PERTINENT INFORMATION

Is there any other pertinent information regarding your child that staff may need to be aware of: _____

Is your child registered on a monthly basis in our After School Program? **Yes:** **No:**

What school does your child attend? _____

What day is your child starting the After School Program? **Date:** _____

How is your child arriving to the After School Program? (Excluding Elgin Street Parents) _____

Who is authorized to pick up your child? Attach additional sheets if necessary with signature and date. Please list everyone including you:

WAIVER

(a) One of the security features of our program is to have a **photo of your child** attached to their file. I, _____, hereby give permission for my child, _____'s photograph to be kept on their file for the sole use of the Jack Purcell Recreation Association's (JPRA) After School Program, Summer Camp Program, P.A Day, Christmas Camp and March Break Camp. I have full authority to grant this permission and I can also withdraw my permission at any time by notifying the program coordinator in writing.

(b) I agree to let my child _____ attend the Jack Purcell Recreation Association After School Program, Summer Camp Program, P.A Day, Christmas Camp and/or March Break Camp. I agree to waive any claims on the Jack Purcell Recreation Association (JPRA) and the City of Ottawa, or any of its agents, in the event of any injury that may be sustained by my child while attending or taking part in activities, trips or excursions during times specified and as organized by JPRA in conjunction with the City of Ottawa. I understand and agree that, in case of an emergency, if I am not available for consultation, staff have permission to hospitalize and secure proper treatment for my child.

Signature of Parent or Guardian

Date
