

# Registration Form

Student No: \_\_\_\_\_

## Pinecrest StrongStart Program

300 S. Birch St., Campbell River, B.C. V9W 2S1

Tel: (250) 287-8805 • Fax: (250) 286-3679

pinecrest@sd72.bc.ca

### Child's Information - please print

Date of Form Completion: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle

Legal Name (if different than above): \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ BC Service Card Attached: ☐ Birth Certificate Attached: ☐  
Month Day Year

Allergies: No ☐ Yes ☐ If yes, please list here: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Last Name First Name

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Information

Name and number of two relatives / friends to contact in case of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Ancestry

Are you of First Nations ancestry? Yes ☐ No ☐

Status? Yes ☐ No ☐

Métis Ancestry ☐

N.I. Métis Nation ☐

Métis Nation B.C. ☐

Inuit Ancestry ☐

### Freedom of Information & Protection of Privacy (FIPPA):

Occasionally, district staff or invited media photograph, video or identify students to recognize and encourage student achievement, build the school community, and inform others about school and district programs and activities. For example, student names and/or images may be used in: school and district newsletters, news releases, brochures and reports, websites, social media sites (e.g. Facebook), and online video (e.g. YouTube) with limited or public circulation/access; videos, CDs, DVDs designed for educational use.

☐ **Yes, I give my consent** for the school or School District 72 to collect, keep, use, and share my child's name and/or image for purposes consistent with the above and for my child to participate in activities to which the outside media may be invited. I understand that images and information posted on the Internet may be stored and accessed outside of Canada. This consent may be withdrawn at any time in writing, but withdrawal of consent does not require the school or district to take any steps to withdraw from publication any previously published material.

☐ **No, I do not consent** to the use and disclosure of my child's name and/or image for the above purposes and request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district.

Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_



**CAMPBELL RIVER**  
School District 72