Registration Form

Student No: _____

Sayward StrongStart Program

690 Kelsey Way, Sayward, BC, V0P 1R0
Tel: (250) 282-3314 Fax: (250) 282-3822
sayward@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: Select Date of Birth: _____ BC Service Card Attached: ☐ Birth Certificate Attached: ☐
Month Day Year

Allergies: No ☐ Yes ☐ If yes, please list here: _____

Child's Address: _____

City: _____ Province: _____ Postal Code: _____

Mailing Address (if different): _____

_____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Number: _____

Name of Parent/Guardian: _____
Last Name *First Name*

Relationship: Select Email: _____

Emergency Information

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

Name: _____

Relationship: Select

Phone: _____ Cell: _____

Name: _____

Relationship: Select

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):

Occassionally, 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 This consent may be withdrawn at any time in writing, but withdrawal of consent does not require the school or district to take any steps to withdraw from publication any previously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