



Edmonds Spring Break Camp



At Edmonds Community School – REGISTRATION – 2019

(Please Print Clearly)

CHILD'S HOME SCHOOL _____

CHILD'S NAME _____ AGE _____ GRADE _____ BIRTHDATE _____

DOCTOR _____ PHONE _____ MEDICAL# _____

PARENT(S)/GUARDIAN(S) _____

ADDRESS _____

PHONE (Home) _____ (Cell) _____ (Work) _____

EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

ALLERGIES/MEDICATION/CONSDERATIONS _____

My Child will be picked up at 2:30pm by: _____

PLEASE CHECK:

- My child will be walking home on his/her own or meeting parent outside
- My child will be picked up by (please print names) _____
- In the event that your child is injured, ill or in need of immediate medical attention and I/we are unable to be contacted, I/we authorize school district 41 staff, SFU instructors and volunteers to seek medical attention on my behalf.
- I Authorize School District #41 and SFU's Professional Development Program, to use at their discretion, any photographs or video taken containing our child's images, while participating in the Edmonds Spring Break Camp programs, services and events, for brochures or other promotional, educational or informational reasons.
- I **DO NOT** want my child photographed and/or videotaped.

BEHAVIOUR POLICY:

It is expected that all participants will follow and obey all school rules and respect the rights of all persons within the school including peers, SD41 staff, SFU facilitators and student teachers. For further information please see SD41 Code of Conduct at: <https://burnabyschools.ca/code-of-conduct/>

PARENT/ GUARDIAN SIGNED _____ DATED _____