



# JACK PURCELL RECREATION ASSOCIATION AFTER SCHOOL PROGRAM REGISTRATION

**DATES:** \_\_\_\_\_

## GENERAL INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Alternate Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Parent Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_

Telephone (W) \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Parent Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_

Telephone (W) \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_

Telephone (W) \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

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## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

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## HEALTH INFORMATION

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Ontario Health Card No. \_\_\_\_\_

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## HEALTH CONCERNS

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

\_\_\_\_\_

\_\_\_\_\_

Will your child be taking medication? Yes \_\_\_ No \_\_\_ Please explain

(If so, please fill out a Request for Administration of Medication Form.)

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## OTHER PERTINENT INFORMATION

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

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Is your child registered on a monthly basis in our After School Program? (Circle) Yes No

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- What day is your child starting the After School Program? Date \_\_\_\_\_
- What time is your child expected to arrive at the centre on a daily basis? (We will be contacting you if your child is absent at that time): \_\_\_\_\_
- My child will be dropped off  walk here
- My child will be picked up  walk home  (If so, please fill out a Walk Home Authorization Form.)
- Who is authorized to pick up your child? Attach additional sheets if necessary with signature and date. Please list the names of everyone including yourself:  
 \_\_\_\_\_  
 \_\_\_\_\_

**WAIVER**

**(a)** One of the security features of our program is to have a **photo of your child** attached to their file in the Registration Binder. 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. 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, P.A. Days and/or Special Camps (Christmas Camp and March Break). 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** \_\_\_\_\_