



# Pearson Community Co-op Nursery School Registration/Emergency Contact Form Summer Camp 2019

Child's Information (PLEASE PRINT CLEARLY)		
Last name:	First name:	Likes to be called:
Date of birth (dd/mm/yy):		__ Male __ Female
Resides with: __ Both parents __ One parent (specify name): __ Other (specify):		
Parent/Guardian Information (PLEASE PRINT CLEARLY)		
Parent/Guardian #1 First name:		Last name:
Address:	City:	Postal code:
Home#:	Cell#:	Email address:
Name of employer:		Work phone:
Address of employer:		City:
Parent/Guardian #2 First name:		Last name:
Address:	City:	Postal code:
Home#:	Cell#:	Email address:
Name of employer:		Work phone:
Address of employer:		City:
Medical Information (PLEASE PRINT CLEARLY)		
Child's doctor's name:		Phone:
Address:		City:
Please list any medical or health concerns and/or any previous communicable diseases:		
Please provide any special medical treatment and/or additional information that could be helpful in the event of an emergency:		
Please provide any special requirements with respect to diet, rest, or exercise:		
Emergency Contacts/alternative pick up – NOT CHILD'S PARENTS (PLEASE PRINT CLEARLY)		
List two people who are available during the day and within close proximity to the school. Emergency contacts will be contacted if parents/guardians are unavailable. <b>These emergency contacts are permitted to take the child from school premises.</b>		
Contact #1 Name:	Relationship to child:	
Daytime phone:	Cell phone:	
Address:	City:	
Contact #2 Name:	Relationship to child:	
Daytime phone:	Cell phone:	
Address:	City:	

I authorize the staff of Pearson Community Co-op Nursery School Inc. to give permission for emergency treatment to be performed on my child in cases where I, the parent/guardian, cannot be reached immediately and in the opinion of the medical staff, a delay would be detrimental to the health of the child. Please note every effort will be made to contact the parent(s)/guardian(s).

Parent/Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## RECORD OF IMMUNIZATION

\* If your child is not being immunized, please contact the office and request a "Statement of Conscience".

Date			Pertussis	Diphtheria	Tetanus	Polio	Measles	Mumps	Rubella	Haemophilus B
Year	Month	Day								

Child last name: \_\_\_\_\_ Child first name: \_\_\_\_\_

Session:  July 8th-12th     JULY 29TH-AUG 2ND     Aug 6th-9th

# Pearson Community Co-op Nursery School Consent Form Summer Camp 2019

Parents, **please read carefully before signing**

- Completed Registration Package and payment (cash or cheque) is due upon signing up for summer camp.

Parent – please initial to indicate you have read and understand the above paragraph: \_\_\_\_\_

- Please include a photocopy of your child immunization record with your application.

Parent – please initial to indicate you have read and understand the above paragraph: \_\_\_\_\_

- In the case of an N.S.F. cheque, the Treasurer will contact the member and a \$25.00 fine will be charged. All NSF payments or cheques must be replaced in full, along with the NSF charge, within 5 business days of receiving notice from the treasurer.

Parent, please initial to indicate you have read and understand the above paragraph on fees: \_\_\_\_\_

- Authorization for the taking and use of photographs and video images of member's children: In accordance with the Personal Information Protection and Electronic Documents Act, Pearson Community Co-Operative Nursery School Inc. (hereinafter referred to as "Pearson") is asking parents/guardians for written authorization to take and use photographs and/or video images of your child/ren as outlined below.

- Pearson will not upload photos and/or video of children to social media sites (such as Facebook, Instagram).
- During the summer camp, photographs maybe taken of the children in the classroom setting to document experiences and activities which may be used in classroom displays, slideshows, etc.

I  authorize  do not authorize photographs/video of my child to be used for the purpose described above.

- **Liability Consent:** I agree neither I, nor my family, will hold any person in attendance in the school personally responsible in case of accident, contraction of illness or loss of property, excluding negligence.

Parent – please initial to indicate you have read and understand the above paragraph on liability: \_\_\_\_\_

**By signing below I acknowledge that I understand the above statements, rules or regulations set out by Pearson Co-operative Nursery School Inc.**

Parent signature: \_\_\_\_\_

Parent name (print): \_\_\_\_\_