

PLAY & LEARN

PRE-K PROGRAMS

PROGRAM INFORMATION

Play & Learn Program	Monday/Wednesday Tuesday/Thursday	9:30am - 11:30am 12:00pm - 2:00pm
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CHILD INFORMATION

Child Name _____
Last Name First Name Female Male

Birthdate _____ Child responds to _____
Month/day/year

Phone _____ Home Work/Cell

Address _____ Postal Code _____

Child's first language _____ Child's second language _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name _____ Relationship to Child _____

Address _____ Postal Code _____

Phone _____ Home Work/Cell

Email _____ Place of Work _____

Parent/Guardian Name _____ Relationship to Child _____

Address _____ Postal Code _____

Phone _____ Home Work/Cell

Email _____ Place of Work _____

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EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Child _____

Address _____

Phone _____ Home _____ Work/Cell _____

Name _____ Relationship to Child _____

Address _____

Phone _____ Home _____ Work/Cell _____

PERSON(S) AUTHORIZED TO PICK UP CHILD (Include all parent/guardians)

Name _____ Relationship to Child _____ Phone (Cell) _____

Name _____ Relationship to Child _____ Phone (Cell) _____

Name _____ Relationship to Child _____ Phone (Cell) _____

Name _____ Relationship to Child _____ Phone (Cell) _____

CUSTODY AGREEMENT DETAILS *Important: If no legal documentation is provided, we cannot deny access to either parent.

HEALTH INFORMATION

Does your Child have or take:

VISION IMPAIRMENT? **YES** **NO**

HEARING IMPAIRMENT? **YES** **NO**

SPEECH/LANGUAGE DELAYS? **YES** **NO**

FOOD ALLERGIES?

SEASONAL ALLERGIES?

OTHER PRE-EXISTING and/or DIAGNOSED HEALTH CONDITION?

MEDICATION and/or PRESCRIPTIONS?

Please explain on all items marked 'YES'

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EMERGENCY HEALTH INFORMATION

Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Other _____ Address _____ Phone _____

Care Card Number _____

BEHAVIOURAL INFORMATION

Does your child have any behavioural issues that program staff need to be aware of? If yes please explain in further detail.

GETTING TO KNOW YOUR CHILD

Has your child previously attended day-care/preschool? YES NO

Does your child form friendships easily? YES NO

Are there any specific likes/dislikes you would like us to be aware of?

Does your child have any calming methods that work well when they are upset that staff could try and use if needed? (ie. singing (specific song?), specific type of toy, quiet time/sitting out, story time, blanket, etc.)

Has your child previously participated in swimming or skating lessons? YES NO

What swim level has your child completed? _____

What ice skating level has your child completed? _____

Is your child comfortable in the swimming pool or in the arena? YES NO

If No, please explain: _____

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PARENTAL CONSENT & RELEASE OF LIABILITY

To: The City of Abbotsford, its Parks, Recreation & Culture Commission and School District 34 (Abbotsford) and all employees, officers, agents, affiliated community associations and volunteers associated (and hereinafter collectively called the 'City')

In consideration of me and/or my child participating in this program, I recognize that there are inherent risks associated with the Program. I hereby agree to release the City from all claims, liabilities, obligations and costs which I may have against the City and its respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the program, whether or not arising out of any negligence on the part of the City or its respective agents, servants or representatives.

Signature of Parent/guardian

Date

I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect my child's participation in the program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I have read this consent form and understand and accept its terms.

Parent's signature

Parent's name (please print)

Date

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PHOTO RELEASE & ASSIGNMENT

I hereby irrevocably consent to and authorize **The City of Abbotsford** (The City), its agents or assigns, the irrevocable and unrestricted right to use and publish images and audio of myself ('The Images') for editorial, trade, advertising, promotion or any other lawful purpose in any manner or medium, and to alter the same with out restriction without the payment of any compensation. Further, in favour of the City, I do hereby:

1. Waive any right to notice or approval of any use of the Images;
2. Release the City and its agents or assigns from all claims and liabilities relating to the images of myself or by virtue of alteration, processing or use in composite form;
3. Release all intellectual property rights, including copyright, which I have in or to the images; and
4. Assign to the City all moral rights which I have in or to the images.

For participants of Minority Age

Print Name of Minor in Full _____

This is to certify that I/we as parent(s) / guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to the Release and Assignment, as stated above, regarding my/our child's involvement in the taking and use of the Images as stated above.

Parent's / Guardian's signature

Date

Relationship to participant

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FIELD TRIP PERMISSION

Some program activities may include off-site excursions. Parents/guardians will be informed of all off site activities prior to outing. We require all parents/guardians to sign this permission form in order to allow any off-site excursions.

I, _____ hereby give permission for my child, _____,

to go on supervised trips with the City of Abbotsford Parks, Recreation & Culture staff.

In the unlikely event that participant named above is injured or becomes seriously ill while with the City of Abbotsford staff, and I cannot be reached, I authorize staff to seek and authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances.

While every reasonable precaution is taken with the City of Abbotsford ('The City') programs, I recognize that there are inherent risks associated with the programs. I hereby agree to release the City from all claims, liabilities, obligations and costs which I may have against the City and its respective agents, servants and representatives, arising out of injury, loss or damage that I or my child may suffer while I or my child participates in the program, whether or not arising out of any negligence on the part of the City or its respective agents, servants or representatives.

Signature of Parent/guardian _____

Date _____

Privacy Statement- Personal information is collected for the administration of Parks, Recreation & Culture programs only, as authorized under Section 26 of the *Freedom of Information and Protection of Privacy Act*. The City of Abbotsford does not use or disclose personal information for purposed other than those for which it was collected, except with the consent of the individual whom the information is about or otherwise in accordance with law. The City of Abbotsford retains personal information only as long as necessary for the purposes of this program and a s require under the Act. if you have any questions about he collection and use of your personal information, contact the Information & Privacy Coordinator at 604.864.5575, City of Abbotsford, 32315 South Fraser Way, Abbotsford, BC V2T1W7.