



Child's First Name	Family Name	Birth date: ____/____/____ Month / Day / Year	Sex	Home Phone
Address		City	Postal Code	
Registering Parent/Guardian (to be contacted first in an emergency)		Daytime Phone	Alternate or Mobile Phone	
Other Parent/Guardian (to be contacted second in an emergency)		Daytime Phone	Alternate or Mobile Phone	
Emergency Contact (to be contacted third in an emergency)		Daytime Phone	Alternate or Mobile Phone	
MCFD Worker or FAW Name (for subsidy purposes, if applicable)		Phone	Fax	

**MEDICAL INFORMATION:**

**Parent / Guardian Email:** \_\_\_\_\_

The purpose of gathering medical information is to help us ensure that your child has a safe and pleasant experience. The information provided will assist staff to respond appropriately in the event of a medical emergency. If your child has any physical or emotional challenges, staff will be able to respond with greater understanding if they are aware of it in advance.

Care Card Number	Family Doctor	Phone
------------------	---------------	-------

Please comment on the following health issues: (continue on back if necessary)

Allergies or Asthma: (please explain)
Any special dietary needs (i.e. vegetarian), health concerns, physical or emotional challenges your child may have that we should be aware of:

Please list any medication that needs to be taken during the summer program. We cannot administer any medication without a prescription or a doctor's note detailing dosage and time.

Medication:	Dosage:	When Administered:
-------------	---------	--------------------

**SESSIONS:** Please indicate your choices

Session 1 _____ Session 2 _____ Session 3 _____	For safety reasons, please tell us how your child will get home: Picked up _____ Walking home alone _____
---	--

**REFUND POLICY:** a \$20 administration fee will be charged on all cancellations; refunds will only be issued if we are able to fill the space vacated by your child.

**PARENT'S AGREEMENT:**

- I agree that my child will follow all reasonable instructions and directions of the leaders and instructors duly appointed by the Association of Neighbourhood Houses (ANH) in connection with the operation of the South Vancouver Neighbourhood House Hello World Day Camp (HWDC) as described in the literature.
- I hereby release, remise and forever discharge the ANH, its agents or volunteers, of and from all manner of action, cause of actions, claims and demands of whatever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by the ANH.
- In the event that my child is injured, ill or in need of medical attention and I am unable to be contacted, I authorize the ANH staff to seek medical attention on my behalf.
- I authorize the ANH to use any photographs taken of my child while participating in the South Vancouver Neighbourhood House HWDC for the ANH brochures and promotional materials, including the ANH website.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Hello World Day Camp Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**South Vancouver Neighbourhood House and the ANH respect your personal privacy. The information collected here is in compliance with the BC Personal Information Protection Act. If you have any questions, please contact us at [svnh@southvan.org](mailto:svnh@southvan.org) or call 604-324-6212.**



**For office use only**

Total Fees	Cash	Cheque #	Subsidy Amount & Arrangement House Funds      Ministry      Other	Donation	Total Payment	Receipt #
------------	------	----------	--	----------	---------------	-----------