



407-3701 Hastings Street, Burnaby. BC. CANADA V5C2H6

TEL: 778-7068266

EMAIL: growkidseducation@gmail.com

## GrowKids Education Center Before and After School Registration Form

**Current School Attending:** \_\_\_\_\_

*Registration is on a first come, first served basis with completed forms and registration fees paid.*

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**PARENT/GUARDIAN**  Child(ren)'s Primary Residence

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Whatsup/Wechat: \_\_\_\_\_

**Child(ren)'s Name: Gender: Birthdate & Grade:**

\_\_\_\_\_ mm dd yyyy grade \_\_\_\_\_

\_\_\_\_\_ mm dd yyyy grade \_\_\_\_\_

\_\_\_\_\_ mm dd yyyy grade \_\_\_\_\_

\_\_\_\_\_ mm dd yyyy grade \_\_\_\_\_

**EMERGENCY CONTACTS:**

These will be the people who are allowed to pick up your child(ren) or who will be called if a Parent/Guardian cannot be reached in an emergency. **These contacts *MUST* be different than Parents/Guardians.**

I \_\_\_\_\_ (parent/guardian) give permission to the following individuals to act as **parent designates to pick up my child(ren)** from GrowKids Education Center Before & After School Program. I have informed these individuals that they **must present government issued photo ID or that they must present a password each time they come to pick up my child(ren).** I understand that in case of an emergency, I will be the first one called. However, *I also give my permission to GrowKids Education Center to contact the following individuals AFTER contact has failed* with parent designates on the front page of this registration forms.

***Your children will not be allowed to leave the school with anyone not listed below. You can remove or add people to this list at any time by filling out the Change of Information form (available at your program site).***

**First & Last Name Relationship to Child(ren) Cell Phone # Other #**

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**First & Last Name Relationship to Child(ren) Cell Phone # Other #**

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**Please Note: *Everyone* picking up children will be asked for your *release password* or for government issued photo ID. **RELEASE PASSWORD** \_\_\_\_\_**

**CUSTODY & RELATED COURT ORDERS:  *NOT APPLICABLE***

If a custody or court order exists, a copy of the order must to be given to GrowKids Education Center. The parent/guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child(ren). Without a custody or court order on file, GrowKids Education Center cannot deny access to the non-enrolling parent. ***If the non-enrolling parent is not listed on the authorized pick-up list, but is able to produce government issued photo ID proving that they are a birth parent of the child(ren), GrowKids Education Center cannot legally deny access without legal documentation (custody or court order) stating otherwise.***

**Please list anyone who is NOT ALLOWED to pick up your child(ren)** \_\_\_\_\_

**Name & Relationship to Child(ren)**

**I have provided GrowKids Education Center with legal documentation (custody &/or related court order).**

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**Signature & Name (printed)**

**Date**

**Medical Information:**

Child's Name: \_\_\_\_\_  
Location/School: \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Does your child have any of the following conditions?

ADD   ADHD   FAS   Autism   other: \_\_\_\_\_

Allergies:

Seasonal \_\_\_\_\_ Food \_\_\_\_\_ Insects \_\_\_\_\_  
Other \_\_\_\_\_

Does your child carry:

Epi-pen   Inhaler   Other  
\_\_\_\_\_

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_  
Location/School: \_\_\_\_\_  
Health Card #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Does your child have any of the following conditions?

ADD   ADHD   FAS   Autism   other: \_\_\_\_\_

Allergies:

Seasonal \_\_\_\_\_ Food \_\_\_\_\_ Insects \_\_\_\_\_  
Other \_\_\_\_\_

Does your child carry:

Epi-pen   Inhaler   Other  
\_\_\_\_\_

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GrowKids Education Center Participants Waiver of Liability & Media Consent**

GowKids Education Center takes the safety of all children registered in our programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child(ren). The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, GrowKids Education Center, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and to register your child(ren) in GrowKids Education Center programs, you are accepting risk that your child(ren) may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child(ren) with any necessary safety equipment such as proper shoes, clothing etc.

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_ child(ren) consent to have my child(ren) receive services from GrowKids Education Center and am registering my child(ren) voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of GrowKids Education Center program that I have registered my child(ren) in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities.

**ACKNOWLEDGEMENT**

The above named child(ren) has my permission to participate in program activities as planned by the GrowKids Education Center program that I have registered my child(ren) in. I waive my legal rights against GrowKids Education Center for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled while my child(ren) is in the program.** I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

\_\_\_\_\_  
Parent/Guardian Signature Date

**MEDIA RELEASE**

I, \_\_\_\_\_ (Parent/Guardian) give permission for my child(ren) \_\_\_\_\_ to appear in photographs, video and/or audio that may be used in the promotional materials of GowKids Education Center. My child(ren)'s image may be published or used in newspapers, promotional videos, website, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by GrowKids Education Center. **No names will ever be used in association with a child(ren)'s image without written permission of the parent/guardian.**

By my signature as parent/guardian for \_\_\_\_\_ child(ren), I give permission to GrowKids Education Center to use any image/video taken during a GrowKids Education Center program for any of the purposes as described above.

\_\_\_\_\_  
Parent/Guardian Name (printed) and Signature Date  
*GrowKids Education Center Participants Waiver of Liability and Media Consent applies to GrowKids Education Center Before & After School Programs for the all the school year.*