


 **MVEC BAP Afterschool Program Registration Form**  
**Splash of Color Children's Center Association**

 **STUDENT INFORMATION:** AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

 **SIBLING INFORMATION** Only child?  Yes  No

If no, please list siblings and their grades:

\_\_\_\_\_

 **HEALTH & MEDICAL INFORMATION: Allergies / Medical Conditions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 **HEALTH CARD #:** \_\_\_\_\_

Province Issued: \_\_\_\_\_

Child's Doctor / Clinic Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

 **PARENT / GUARDIAN INFORMATION**

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent/Guardian #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

 **HOME ADDRESS #1**

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

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

 **HOME ADDRESS #2 (if applicable)**

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

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

 PROGRAM SCHEDULE

Days Attending (please check):

Monday  Tuesday  Wednesday  Thursday  Friday

Before School Care Needed:  Yes  No

After School Care Needed:  Yes  No

 EMERGENCY CONTACTS

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

 AUTHORIZED PICK-UP (if different from parent/guardian)

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**IMPORTANT PLEASE READ AND SIGN**

 **MEDICAL EMERGENCY CONSENT**

In the event of an emergency, and if a parent/guardian cannot be reached, I authorize MVEC BAP Afterschool Program staff to seek medical treatment for my child as deemed necessary, including transportation to a medical facility.

Parent/Guardian #1 Name: \_\_\_\_\_

● Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

● Signature: \_\_\_\_\_ Date: \_\_\_\_\_

 **PROGRAM CONSENT & SIGNATURES**

✔ I give permission for my child to participate in the MVEC BAP Before & Afterschool Program.

Parent/Guardian #1 Name: \_\_\_\_\_

● Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

● Signature: \_\_\_\_\_ Date: \_\_\_\_\_

✔ **LATE POLICY**

I understand the hours for the program are 7:30am-6:00pm with a 5 minute late grace. Any time after 6:00pm the fee will be \$5.00/minute. This fee is subject to charge prior to the child returning. THIS PAYMENT IS DUE IN CASH OR E-TRANSFER TO ATTENDING STAFF.

● INITIALS#1 \_\_\_\_\_ ● INITIALS#2 \_\_\_\_\_

PAYMENTS ARE TO BE MADE AT THE BEGINNING OF THE MONTH IN ADVANCE FOR THAT MONTH E-TRANSFERS CAN BE MADE TO [SOCASSOCIATION@HOTMAIL.COM](mailto:SOCASSOCIATION@HOTMAIL.COM)

● INITIALS#1 \_\_\_\_\_ ● INITIALS#2 \_\_\_\_\_

