



REGISTRATION FORM

Start Date: _____ Program Name: _____

Name of Child: _____ Birth Date ____/____/____ Sex: M F

Who are you affiliated with: _____ Age: _____

Care Card Number: _____ Phone: _____

Medical Practitioner Name: _____ Address: _____

PLEASE NOTIFY US WHEN YOU CHANGE ADDRESSES, PHONE, OR WORKPLACE

BELOW, CONTACT INFORMATION OF 2 ADULTS WHO WILL BE FIRST AND SECOND CONTACTS

Name: _____

Name: _____

Address: _____

Address: _____

Home Number: _____

Home Number: _____

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____

Place of Work: _____

Place of Work: _____

PERSON/S AUTHORIZED TO PICK UP OR DROP OFF YOUR CHILD AND EMERGENCY CONTACTS

1. NAME: _____ PHONE #: _____

2. NAME: _____ PHONE #: _____

3. NAME: _____ PHONE #: _____

- Has your child experienced Nature-based or Performing Arts before?
- What kinds of activities are you hoping your child will experience?
- Do you want to participate in activities with your child?
- Do you have interest in participating in fundraisers to enhance programming?

PERSON/S UN-AUTHORIZED TO PICK UP OR DROP OFF YOUR CHILD

1. NAME: _____ PHONE #: _____

2. NAME: _____ PHONE #: _____

Please provide special instructions below concerning behavior, medication or diet.

Behavior:

Strategies:

Medication:

Diet:

Commitment of Service

- Heightened awareness while in the Wilderness, on Adventure and during Social Engagements
- Safe transportation to and from activities
- Be on time and be prepared for activities
- Duty of care to take reasonability to avoid harm of self and children
- Diligent care when dealing with inherent and unforeseen risks
- Client confidentiality
- Provide service rain or shine
- Give at least 2 weeks notice to change scheduled time, unless un-foreseen circumstances

Commitment to Provider

- My signature below indicates that I have reviewed the website, and understand what I am signing my child up for, and understand the services offered by the Director and staff
- My signature below authorizes our Director or staff, to obtain a Physician and/or Ambulance in the event of an emergency.
- I also hereby understand that the Director or staff, to the best of their ability, will keep our child's possessions safe, and yet if the child's possessions are misplaced, they is not responsible for replacing them.

- In consideration of the child's needs, I/we acknowledge and agree that he/she may be transported in and use any facilities the Director or staff deems fit for Intervention. We understand that any violent interaction between the child and any staff at the Wild Craft Play 'sCool and/or parent and Director or staff, could compromise the contract, and may be terminated due to said cause.
- In the case of an accident where the Director or staff, and any affiliate has provided due diligence, they will not be held liable.
- I also hereby understand and agree that my family's personal information collected on this document for the sole use of the Director or staff, and it is for the purpose of the delivery of safe and enjoyable child care.

- I, _____ have read and agree with the following terms and information. If I have any questions regarding this information I will speak to the Director or staff before initialing and signing off on this contract.

Please initial each section upon reading. By doing this you are stating that you understand and agree with each procedure listed.

GENERAL INFORMATION

_____ * One month's written notice is required to cancel. This must be in writing (preferably by email) and given to Director or staff. I acknowledge if I give less than one month's notice, I am required to pay for one month after notice is given.

_____ * To change program schedule, you must give at least 30 days' notice

_____ * In the event of absenteeism due to illness, vacation, etc., not initiated by Director or staff, I understand I am still responsible for full payment of service.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

Parental Permission for Outings and Media Release,

Within the services at Wild Craft Play 'sCool, at times we require permission from parents and guardians for things such as outings, permission to take photographs of children for the newspapers or our website, or even for permission to apply sunscreen on your child. Please fill in the form below indicating whether or not you would like your child to take part.

I, _____, being the parent/guardian for
_____, hereby advise the Director of the following:

- I permit the Wild Craft Play 'sCool Director and staff (WCP'sC) to take my child/ren on day outings throughout Vancouver Island. Yes No
- I permit the WCP'SC to apply sunscreen on my child/ren as requested by parent. Yes No
- I permit the WCP'SC to photograph my child/ren for display in social media online. Yes No
- I permit the WCP'SC to photograph or film my child/ren for the creation of a documentary or video for research purposes. Yes No

I also understand that by my signature below, I agree to indemnify and save harmless the Wild Craft Play 'sCool Director and staff from and against any and all claims or liability issues that may arise.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

POSSIBLE OUTDOOR ACTIVITIES & SAFETY INFORMATION

Our goal is for everyone to have fun! The types of outings that we can offer are:

Swimming with PFD	Hiking	X Country Skiing
Kayaking with PFD	Mountain Biking	Paddle Boarding
Canoeing with PFD	Archery	High Ropes / Zip Lining
Caving	Wilderness Survival Training	Travelling to other Islands

One way to be safe is to have our safety rules. Whenever swimming, riding a bike, paddling, hiking or exploring, the child must practice safe actions and manage risk, or else the Director or staff will cancel the activity and the child will be taken home. All safety devices must be worn properly, and my child recognizes that they only work when used properly. It must be fitted properly to the child according to safety regulations.

I understand the Wild Craft Play 'sCool will not provide safety equipment, survival kit, cell phone and extra first aid equipment kept in vehicle.

SWIM LEVEL & PFD INFORMATION

CHECK ONE:

- ... Not allowed in water (but allowed on the shore)
- Allowed to walk ankle deep in water

Requires Life Jacket

- ... Shoulder high in water
- ... Over head height in water

Initial: ____ * I understand that my child requires a PFD, which I will supply.

BICYCLE LEVEL & HELMET INFORMATION

CHECK ANY/ALL:

- ... Paved roads (back country)
- City streets
- ... Cross country trails
- ... Park trails

Initial: ____ * I understand that my child requires a helmet, which I will supply.

HIKING LEVEL & SURVIVAL INFORMATION

CHECK ANY/ALL:

- ... Local Parks
- Any park across Vancouver Island
- ... Back country
- ... Off Trail

Initial: ____ * I understand that my child requires a survival kit, which I will supply.

PADDLING LEVEL & RESCUE INFORMATION

CHECK ANY/ALL:

- ... Local Lakes
- Ocean (2-4 hour trips in good weather)
- ... Any lake across Vancouver Island
- ... Distance trips (8 hours to multi-day excursions)

Initial: ____ * I understand that my child requires all survival gear required by the Department of Transport.

IMMUNIZATION RECORD

Name of Child: _____

BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN
(ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)

First Visit – two months of age: YYYY / MM / DD	Fourth Visit – 12 months of age: YYYY / MM / DD
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	Fifth Visit – 12 months after third visit: YYYY / MM / DD
<input type="checkbox"/> Meningococcal C Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Second Visit – two months after first visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	4 to 6 years of age: YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Third Visit – two months after second visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	Other Immunizations:
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	YYYY / MM / DD
<input type="checkbox"/> Hepatitis B	YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	YYYY / MM / DD

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

CAREGIVER SIGNATURE _____

DATE _____



PLEASE PRINT & SUBMIT ALL PAGES, THANK YOU!

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Please fill out Emergency Card information in the cards below. Then, please print and provide a 4 x 6 photo of your child's face.



EMERGENCY—PERMISSION CARD

Child's Name: _____ D. O. B. _____

(First Name, Surname)

(Year, Month, Day)

Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Other Numbers: _____

Emergency Contact: _____ Date of Recent Tetanus Shot: _____

Child's Doctor: _____ Phone: _____

Medical Number: _____

Allergies/Medications _____



PLEASE SIGN PERMISSION FORM

1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.
2. I hereby authorize the staff at Wild Craft play Adventure Program/child care facility to call a medical practitioner or ambulance for my child, _____, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

Signature

Date