Port Alice Community Centre General Registration Form

Child Name:		
Birthday:	Current Age:	
Child Name:		
Birthday:	Current Age:	
Parent(s) Names:		
Street Address:		
Phone Numbers: 1)	(Mom/Dad/	, H/W/C)
2)	(Mom/Dad/	, H/W/C)
3)	(Mom/Dad/	, H/W/C)
Emergency Contact:	Phone:	
Medical Concerns:		
to work with children who have of these children will need to be on I give permission for photos of my Port Alice: Within the Community Centre	y child, with or without his/her name, to be d e (posters, displays, etc.) ations (posters in and out of the Community C Facebook	i <mark>erefore an attendant fo</mark>
quality of life in our community. Our staff is committed to provide the Recreation Department Discip In the event that your child does not contacted and asked to pick up you RCMP will be contacted to escort This form is to be completed for accompanied by a parent/careging.	not comply with this policy, you or your emer our child. If you or your emergency contact ca your child home. children ages 5 years and older. Children und	ithin the boundaries of gency contact will be annot be reached, the
Thave read the Discipline and Sus	pension Policy and agree to the terms thereir	I.
Parent/Guardian Signature ***It is parent's	Date responsibility to update form if information chan	