Quesnel School District 28
StrongStart Registration Form

Barlow___Bouchie___Dragon Lake___Riverview____

Admission Date: _____ Have you attended another StrongStart Program:_____

Legal Name:_____ _____ _____
Last First Middle

Child's Address: _____ Quesnel, BC V2J _____

Date of Birth: _____(DD-MMM-YYYY) **Copy of Birth Certificate Provided:** Y N

Sex: M F

Allergies/Other Heath Factors:

_____

_____**Life Threatening?** ☐

Parent/guardian Information

Child resides with _____

Parent #1 Name: _____ Relationship _____ Phone _____

Address: _____Cell _____

Email Address: _____

Parent #2 Name: _____ Relationship _____ Phone _____

Address: _____Cell _____

Email Address: _____

Why do we collect information?

At times, the School District collects data on program participation in order to help with evaluation, planning and program development. At all times, family and child privacy is protected. All information collected is analyzed as a whole and is not to be used for diagnosis or identification of individual children or families. All data is kept in a secure and confidential location. Questions about collection and use of information should be directed to
Jan Bauer, Director of Instruction, School District #28 (Quesnel)
250 992 8802

I have read and understand the StrongStart data is collected for research purposes only and consent to the use of the above information.

Signed: _____ Dated: _____

Photo Consent & Release

I give my consent to the use of photographs or film of myself and/or my child taken in conjunction with the "StrongStart" program.

I agree to the use of the photographs and/or films in:

- ____ Classroom / School
- ____ Workshop presentations
- ____ Publicity (newspaper, television, brochures, school district website)

Name of Child

_____

Signature of Parent: _____

Signature of Guardian (if applicable): _____

Date of Signature: _____