

Lawrencetown Consolidated School After School Program Registration Form

Child's Name	
Child's Birthdate	
Parent/Guardian Names	
Parent/Guardian Phone Numbers (Home, Work, Cell)	
Home Address (Civic)	
Work Address	
Emergency Contact Name	
Emergency Contact Phone Number(s)	
Health Card # and Expiry Date	
Family Doctor	
Allergies/Medical Concerns/Needs	
In case of emergency, if we cannot contact you or emergency contact person, and the coordinator feels that 911 assistance is warranted, they will call 911 for medical help.	Please initial to indicate that you are aware of our emergency policy: _____
Attendance Days (M,T,W,Th,F)	
Anticipated Time of Daily Pickup	
I agree that photos of my child participating in the program may be used for promotional materials.	Yes No

I am aware that the staff of the Lawrencetown After School Program is responsible for my child upon their entrance to activities. I understand that the staff assumes no responsibility or liability for loss suffered by my child. The staff also has the right to remove my child from activities if my child has proven to be a hindrance to the successful operation of activities as a result of disciplinary problems.

Signature: _____

Date: _____