



STRONGSTART REGISTRATION FORM

FIRST CHILD'S INFORMATION

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Usual Last Name: (if different than legal) _____

Usual First Name: (if different than legal) _____

Gender: (circle) Female Male

Birth Date: (DD-MMM-YYYY) _____

Aboriginal Ancestry: (circle) Yes No

Medical/Allergies: _____

PHN _____

SECOND CHILD'S INFORMATION

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Usual Last Name: (if different than legal) _____

Usual First Name: (if different than legal) _____

Gender: (circle) Female Male

Birth Date: (DD-MMM-YYYY) _____

Aboriginal Ancestry: (circle) Yes No

Medical/Allergies: _____

PHN _____

PHYSICAL ADDRESS

House No: _____ Apt # _____ Street Name: _____

City: _____ Prov: _____ Postal Code: _____

MAILING ADDRESS

Address if different from Physical Address: (e.g. PO Box) _____

FAMILY/PARENT/GUARDIAN INFORMATION Language spoken at home: _____

Have another child attending a district school: (circle) YES NO Which school: _____

Parent/Guardian Name: (Last, First) _____ Email Address _____

Relationship: _____ Legal parent: (circle) YES NO

Home Phone: _____ Cell Phone: _____

Lives with child: (circle) YES NO

Parent/Guardian Name: (Last, First) _____ Email Address: _____

Relationship: _____ Legal parent: (circle) YES NO

Home Phone: _____ Cell Phone: _____

Lives with child: (circle) YES NO

CAREGIVER INFORMATION *(only fill this section out if your caregiver will be attending StrongStart with the child)*

Name (Last, First) _____ Relationship _____

Home Phone: _____ Cell Phone: _____ EMAIL: _____

please turn page over

Information collected on this form will be protected under the **Freedom of Information and Protection of Privacy Act**. Questions about the collection and use of this information should be directed to the Freedom of Information and Protection of Privacy Officer, **Central Okanagan Public Schools**, 1040 Hollywood Road S., Kelowna, B.C. V1X 4N2. Phone: (250) 860-8888

Parent/Guardian approval: _____ Date: _____

RELEASE FORM FOR STRONGSTART BC AND EARLY LEARNING PARENT/GUARDIAN PERMISSION

As the **parent or legal guardian** of the minor named below ("Minor"), I hereby give my consent to employees or agents of Central Okanagan Public School District No.23 ("District") and the employees or agents of the Province of British Columbia ("Province"), as represented by the Ministry of Education, to record, photograph or film the Minor and myself in connection with the District's StrongStart BC Centre.

I understand that these photographs or other recordings may be used in School District or Provincial publications or websites. I hereby grant to Central Okanagan Public School District No. 23 and to the Province, its employees, representatives, licensees and assigns, the right to use, reproduce, modify, publish or distribute both my own and the Minor's voice, photographic images or likenesses ("Recordings") worldwide for educational or promotional purposes related to StrongStart BC Centres or any other early learning initiatives of the Province.

I understand that neither I nor the Minor will own or be paid for the Recordings. I hereby release and discharge any right, title or interest that I or the Minor may have in the Recordings or in any remuneration for using the likenesses or image.

☐ I agree with the above release to take photographs or other recordings of my child as written above

☐ I **DO NOT** agree with the above release to take photographs or other recordings of my child as written above

MINOR (CHILD's NAME) _____ MINOR (CHILD's NAME) _____
(print name) (print name)

PARENT OR LEGAL GUARDIAN _____
(print name) (signature)

Date: _____

REQUIREMENTS FOR REGISTRATION TO STRONGSTART

This program is funded by the Ministry of Education. The school district is to ensure PENS (Personal Education Numbers) are requested for all children who attend a StrongStart Early Learning Program and to record attendance at these programs.

In order to attend this program you must complete this Registration Form and have attached valid identification for your child such as a Canadian birth certificate, Canadian passport, Visa, Permanent Resident card or Aboriginal Status card.

Parent/Guardian: _____ Date: _____

For families that do not have Canadian citizenship identification or any valid identification please contact the school district's **Welcome Centre at (250) 470-3258** for assistance in registering.

For families that do not have any valid identification for their child please contact the school district's **Welcome Centre at (250) 470-3258** for assistance.