

**OSC Summer Fun  
REGISTRATION FORM  
2022**

**Before Care** \_\_\_\_\_ **After Care** \_\_\_\_\_ **Summer Program** \_\_\_\_\_

To be eligible for admission, children must be 5 – 12 years of age. Please complete this form and return it to the Out of School Care Summer Fun Program at A.L. Horton Elementary School or by email to Jenny Powley at jenny.powley@eips.ca.

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Gender (M) \_\_\_\_\_ (F) \_\_\_\_\_

Birthdate \_\_\_\_\_ Phone Number of Residence \_\_\_\_\_

E-mail: (optional) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Resides with (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Resides with (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Location of Residence (*Street Address*) \_\_\_\_\_ OR

Rural \_\_\_\_\_  
(*Quarter*)      (*Section*)      (*Township*)      (*Range*)

Father/Guardian Work Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mother/Guardian Work Address \_\_\_\_\_ Phone # \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Other Children in the Family:	Brother/Sister	Age	Grade
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_____	_____	_____	_____
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_____	_____	_____	_____
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**Days of Care Required: Mon Tues Wed Thurs Fri or Everyday**

**Hours of Care Required:** \_\_\_\_\_ (example 7:15 – 5:15)

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify) \_\_\_\_\_

Is your child's immunization up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

(If no, please specify) \_\_\_\_\_

Does your child have a hearing disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify) \_\_\_\_\_

Does your child have eye problems? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify) \_\_\_\_\_

Does your child have any physical challenges? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify) \_\_\_\_\_

Has your child had any severe illness(es)? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify) \_\_\_\_\_

Should physical exercise be restricted? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify) \_\_\_\_\_

Are there any religious or other restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify) \_\_\_\_\_

Is your child on any medication(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify name of medication & medical condition taken for):

\_\_\_\_\_

Any other pertinent information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Phone Number: Father or Guardian \_\_\_\_\_

Mother or Guardian \_\_\_\_\_

Emergency Contact if Parent not available (Babysitter; Friend; or Relative) MUST BE LOCAL:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Location of Residence \_\_\_\_\_ **OR**

*(Street Address)*

Rural \_\_\_\_\_

*(Quarter) (Section) (Township) (Range)*

\_\_\_\_\_  
*(DATE)*

\_\_\_\_\_  
*(PARENT/GUARDIAN SIGNATURE)*



## Emergency Consent

I/We understand that if an emergency should occur, the OSC Summer Fun Program will make every effort to contact me/us, the parent(s) or the emergency contacts I/we have identified. Should the program be unsuccessful in locating me/us, I/we authorize **any and all employees** of the program to obtain medical treatment for my/our child, including transportation by ambulance if deemed necessary.

I/We also give permission to the attending physician to treat my/our child for illness or injury as is necessary under these circumstances. This release form will be in effect from the date below until termination of enrolment.

Student(s)Name:

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Parent/Guardian Name(s):

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(Please Print)

Signature(s):

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Date: Monday, July 4, 2022 – Friday, August 19, 2022

Week 1: July 4 – 8 Attending YES / NO (circle)

Week 2: July 11 – 15 Attending YES / NO (circle)

Week 3: July 18 – 22 Attending YES / NO (circle)

Week 4: July 25 – 29 Attending YES / NO (circle)

Week 5: Aug. 2 – 5 Attending YES / NO (circle)

Week 6: Aug 8 -12 Attending YES / NO (circle)

Week 7: Aug. 15 -19 Attending YES / NO (circle)