

2. PARENT / GUARDIAN INFORMATION

Child living with: Mother Father Both Other (please specify): _____
Relationship to child: _____
If not living with student, provide address: _____
Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Language Spoken: _____ Work Phone: _____
Email: _____

CAREGIVER / EMERGENCY CONTACT INFORMATION

Relationship to child: _____
Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Language Spoken: _____ Work Phone: _____

STUDENT MEDICAL INFORMATION

Doctor Name: _____ Phone: _____
Dentist Name: _____ Phone: _____
CareCard # _____ Preferred Hospital: _____
Allergies or Health Conditions: _____
Are these conditions Life Threatening? Yes No

PROTECTION OF PRIVACY

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79 (2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act.

I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend a StrongStart Early Learning program.

Parent / Guardian Signature: _____ Date: _____

StrongStart Facilitator's Signature: _____ Date: _____



StrongStartBC





IMPORTANT NOTICE FOR PARENTS AND/OR GUARDIANS

MEDIA CONSENT FORM

In accordance with the Freedom of Information and Protection of Privacy Act, the Vancouver Board of Education is seeking your consent to take, retain, use and disclose photographs, videos, images and/or names of students and groups of students in a variety of publications and on the school and/or district's website and Blog/Vlog for educational purposes and for the purpose of informing others about the school district and its programs and activities. This could include the following:

- District and/or school communications such as newsletters, brochures, newspapers, magazines and reports;
- District and/or school websites, Blog/Vlog and social media channels;
- External media communications such as newspapers, television, radio or on-line publications, including media photographs and interviews for events relating to the district and/or school;
- Videos, CDs, podcasts, DVDs for educational use only.

 I DO give my consent for the school district to collect, use and publicly disclose my child's personal information for purposes consistent with the above for this school year. I understand that images posted on the internet may be stored and accessed from outside Canada.

 I DO NOT consent to the use and disclosure of my child's personal information for the above purposes for this school year.

Name of Student _____

School _____

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

*For school purposes only:
Please retain this copy for your records.*