

**Office Use Only**

Date Registered: \_\_\_\_\_  
 Immunization Records Attached  
 Date Withdrawn: \_\_\_\_\_

Registration Package Completed  
 Emergency Contact Card Completed  
 Archive Until: \_\_\_\_\_

**ESQUIMALT PARKS AND RECREATION  
OUT OF SCHOOL CARE REGISTRATION FORMS**

**CHILD'S NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
**SEX:**            M                                 F                                 **GRADE:** \_\_\_\_\_

**FAMILY INFORMATION**

**GUARDIAN'S NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_  
**ADDRESS & P.C.:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**GUARDIAN'S NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_  
**ADDRESS & P.C.:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**CUSTODY OF YOUR CHILD IS:**  
**Joint Custody** \_\_\_\_\_ **With:** \_\_\_\_\_

**IS THERE CURRENTLY A COURT ORDER REGARDING CUSTODY OF YOUR CHILD?**  
**NO** \_\_\_\_\_ **YES** \_\_\_\_\_  Yes, a photocopy of the custody papers is attached

**HEALTH CARE INFORMATION**

**CHILD'S BC CARE CARD NUMBER:** \_\_\_\_\_

**FAMILY DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**IMMUNIZATION STATUS**

- My child is up to date on all immunizations and a record is attached
- I choose not to immunize my child and agree to temporarily withdraw my child from the program should the community be facing an epidemic.

**GENERAL HEALTH INFORMATION:** \_\_\_\_\_

**ALLERGIES OR SPECIAL DIETS:** \_\_\_\_\_

**MEDICATIONS:**  **NO**             **YES**, please see the OSC Supervisor and complete a medication form.

**DISABILITY OR BEHAVIOURAL CONCERNS** (which may require extra support such as ADD, Anxiety, Speech Delay, Autism, undiagnosed challenging behaviour)

**NO**    **YES** If YES, please contact the Out of School Care Supervisor at 250-412-8512 to discuss.

\_\_\_\_\_

**PERSONAL INFO**

DOES YOUR CHILD HAVE ANY STRONG LIKES/DISLIKES? IS THERE ANY SPECIAL INFORMATION THAT WOULD HELP STAFF IN WORKING WITH YOUR CHILD?

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**SWIMMING**

PLEASE INDICATE YOUR CHILD'S SWIMMING ABILITY:

- Ages 5 & 6:** Must wear a lifejacket at all times and swim in the small pool only.
- Ages 7 - 12:** Able to complete 1 length of the main pool without difficulty, can swim in any pool.
- Ages 7 - 12:** Unable to complete 1 length of the main pool without difficulty, must wear a lifejacket as instructed by OSC Staff and Lifeguards.

**EMERGENCY INFORMATION CONSENT**

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ give full permission for my child to engage in all OSC activities and I understand that there are risks inherent to the activities my child will partake in. I understand that care and attention will be given to the safety of all participants but that Esquimalt Recreation Centre, its staff or volunteers cannot be held liable for any injury or loss which was not directly caused by their failure to meet the standard of care. I give consent for the staff of the Esquimalt Out of School Care Program to call an ambulance or medical practitioner in case of accident/illness if a parent cannot immediately be reached.

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**Signature of Parent / Guardian** **Date**

**PHOTO RELEASE**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, give permission to the Esquimalt Parks and Recreation Out of School Care Program to take pictures of my child(ren) for use as indicated below.

- No pictures permitted.
- To be posted in the OSC room only.
- For use in Esquimalt Parks and Recreation publicity which may include the Active Living Guide, Website, posters and local newspapers.

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**Signature of Parent / Guardian** **Date**

I have read the information in the Parent Handbook and understand the policies of Esquimalt Parks and Recreation's Out of School Care Programs.

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**Signature of Parent / Guardian** **Date**

