



## Brighter Beginnings Summer Program Registration Form

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_F\_\_\_M  
Legal Land Description and Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Legal Land Description and Address: \_\_\_\_\_  
Contact Numbers: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Legal Land Description and Address: \_\_\_\_\_  
Contact Numbers: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency Contact:  
1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Legal Land Description: \_\_\_\_\_

Allergies (Please list all): \_\_\_\_\_  
Medications: \_\_\_\_\_

- The child's immunization is up-to-date and a copy of record is on file at the Health Unit.
- The child is not immunized or does not have an up-to-date record on file.

## Parent must Read and Sign

Brighter Beginnings may administer first aid or allow for the provision of health care to your child in the event of an injury/ accident.

\_\_\_\_\_  
(Parent's Signature)

I will not hold Brighter Beginnings responsible should my child contract any illness that could have been prevented by immunization.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Witness)

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to go to the school gym, school outdoor play area, school library and neighborhood walks under the supervision of the Brighter Beginnings' staff. I understand that the staff and children will walk to the mentioned activities.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

Please check which session your child is enrolled in

- Full Day Childcare: 8:30am to 4:30pm
- Morning Session: 8:30am to 11:30am
- Afternoon Session: 1:30pm to 4:30pm
- Before Childcare 8:00am to 8:30am
- After Childcare 4:30pm to 5:00pm

Please **check** the days your child will be coming

Monday     Tuesday     Wednesday     Thursday     Friday

Or **list** the specific dates:

**Brighter Beginnings  
Parent Permission**

I \_\_\_\_\_ give the staff of Brighter Beginnings  
permission

(Parent's full name)

to release my child \_\_\_\_\_ to the person/people listed below.  
(Child's full name)

1. \_\_\_\_\_  
(Please print full name)

\_\_\_\_\_  
(Address and Phone Number)  
\_\_\_\_\_  
(Parent's Initial)

2. \_\_\_\_\_  
(Please print full name)

\_\_\_\_\_  
(Address and Phone Number)  
\_\_\_\_\_  
(Parent's Initial)

3. \_\_\_\_\_  
(Please print full name)

\_\_\_\_\_  
(Address and Phone Number)  
\_\_\_\_\_  
(Parent's Initial)

4. \_\_\_\_\_  
(Please print full name)

\_\_\_\_\_  
(Address and Phone Number)  
\_\_\_\_\_  
(Parent's Initial)

Parent's Signature: \_\_\_\_\_

Vermilion and Area Brighter Beginnings  
4820 46 Street  
Vermilion, Alberta  
T9X 1G6  
(780)853-6633

**Parents Please Read Carefully**

**Freedom of Information and Protection of Privacy Provisions (FOIPP) Parental Consent Form**

The information collected on this form as part of the school registration process is personal information as referred to in the FOIPP Act, which becomes effective for Alberta School Jurisdictions on September 1, 1998. The FOIPP Act requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act. This includes many activities that are part of normal school community interaction such as:

1. The use of student's name, photo and comments in the school calendar, newsletters, annual or other school publications, including yearbooks, as well as video monitoring used in buses.
2. The taking of individual, class or team pictures and the use of student photos for the purpose of identification.
3. The use of student production(s), artwork(s) in newsletters or other school publications, as well as, educational displays in the community.
4. The use of student names on artwork or other material displayed at school or Jurisdiction sites or at school sponsored displays in the community.
5. The use of student names, related contact information and phone numbers for parents classroom reps for the purpose of taking attendance in the school and for notifying the parent/guardian.
6. The use of student names in listings of awards or for birthday recognition purposes.
7. Distribution of the student name, parent/guardian, phone number and address to the Brighter Beginnings Board of school related activities.
8. Media photographs or video of classrooms and school activities, where individual students cannot be identified, may be taken and used by the media.
9. The circulation of information on a "need to know" basis regarding students who have severe or life threatening medical condition and those who require immunization, communicable disease control, speech and dental services.(You may be contracted by Regional Health Authority for these services).

**Note** *Photos and/or videos of the school activities that are open to the general public may be taken and used for the purpose within and outside of the school. The school may not restrict such activity at public event.*

Freedom of Information and Protection of Privacy Provisions

Parents/Guardian Consent:

I have read and understood the uses that will be made of the personal information as listed and I agree to consent to these uses as they relate to my child/children:

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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I wish to object to the use of information or photographs of my child under the following circumstances (please list):

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

If you have any questions about the use or disclosure of information collected, please contact the Coordinator of Brighter Beginnings at (780)853-6633.