

To ensure safety please check appropriate box:

My child has permission to remain after school to participate in the program and fieldtrips AND

I or a designated adult will pick up my child at the end of program (If designated adult changes, I will inform staff prior to pick up)

I agree that my child will follow all reasonable directions given by program leaders/volunteers. In the event that my child is injured, ill or in need of medical attention and I am unable to be contacted, I authorize program staff and/or volunteers to seek medical attention on my behalf. I agree to pick up my child/children on time, at the end of the program (4:00pm). In the event that I am unable to do so and am late, program staff has the right to call emergency contact numbers. I understand that if I am late picking up my child, Little Mountain Neighbourhood House reserves the right to request a \$10.00 late fee.

1. By signing below, I hereby represent that my child has no physical restrictions other than described above that would prohibit my child's participation in the program.
2. By signing below, I hereby release, remise and forever discharge LMNH, its agents or volunteers, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by LMNHS.
3. I agree to my child's photo being used for documentation and promotion

Parent/Guardian Signature: _____ Date: _____

I would like to receive program updates and notices for LMNHS Child and Youth Programs



LITTLE MOUNTAIN NEIGHBOURHOOD HOUSE HOSTS



SIR WILLIAM VAN HORNE ELEMENTARY

OCTOBER 19 2018 9AM - 4PM

FOR KINDERGARTEN TO GRADE 3



HEALTHY SNACKS INCLUDED!

REGISTRATION ON SITE AT VAN HORNE

WEDNESDAY OCT 10 8:30-9:00; 3:00-3:30

THURSDAY OCT 11 8:30-9:00

FRIDAY OCT 12 8:30-9:00

CONTACT: STEPHANIE_FENG@LMNHS.BC.CA

CHILD AND YOUTH COORDINATOR

604-879-7104 EXT 410

SUBSIDIES AVAILABLE**



PRO-D DAY CARE

Grade : _____ School: _____

Participants First and Last Name _____

Date of Birth dd/mm/yy: ___/___/___ Age: _____ Sex: M F

Parent/Guardian Name: _____

Home Address: _____ Postal Code: _____

Phone (Main) #1: _____ Phone#2: _____

Email: _____

Doctor: _____ Doctor's #: _____

Care Card/Medical #: _____

Medical/Health Concerns (Allergies, Medications, Special Notifications):

No Yes: _____

In case of Emergency:

Contact #1: Name: _____

Relationship: _____ Phone: _____

Contact #2: Name: _____

Relationship: _____ Phone: _____

| Program | Cost | Payment Type |
|--|----------|--------------|
| Pro - D Care 9am-4pm Oct 19 <input type="checkbox"/> | \$40/day | |

Name: _____

Pro - D Care 9am - 4pm October 19th 2018
 Van Horne Elementary School