



EMERGENCY FORM

Please download this form prior to completing in order for it to submit correctly.
Please submit this form 7 days prior to the start of program.

Date:

PERSONAL INFORMATION

CHILD'S

Name:

Birthday:

Gender:

Male

Non-binary

Female

Other

Address:

CITY:

PROV:

PC:

PHOTO OF CHILD

Required for
all programs.

*Please provide a current
colour photo of your child
(download this form and
click the image icon to
add a photo).*

Parent/Guardian #1

Name:

PHONE

HOME:

PHONE

CELL:

PHONE

WORK:

Parent/Guardian #2

Name:

PHONE

HOME:

PHONE

CELL:

PHONE

WORK:

CHILD'S

Care Card Number:

CHILD'S

Doctor /

Walk-in clinic:

Phone #:

CHILD RELEASE & SECONDARY EMERGENCY CONTACT (Minimum one required)

Children will **NOT** be released to anyone with out **WRITTEN AUTHORIZATION** from a parent/guardian.
Please list ALL the people who are **ALLOWED** to pick up your child other than Parent/Guardian Listed above.

1.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
2.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
3.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
4.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
5.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>

COURT ORDERS

Are there currently any court orders related to your child's care in our program, including custody orders, pick up and drop off information etc.?

YES ☐ NO ☐

If YES please attach to the back of this form.

DO NOT RELEASE Please list those who under any circumstances are **NOT ALLOWED** to pick up your child.

1.	<input type="text"/>	Relation:	<input type="text"/>
2.	<input type="text"/>	Relation:	<input type="text"/>

HEALTH & SPECIAL CONSIDERATIONS

Does your child have any special health issues we need to be aware of? YES ☐ NO ☐

Allergies: _____

Dietary Needs/Restrictions: _____

Special Needs/Additional Support: _____

Other: _____

Staff may request your assistance in filling out a care plan to best meet the needs of your child.

SWIMMING ABILITY

Please indicate your child's swimming ability:

☐

Strong Swimmer

Must be 7 Years and older

Have **COMPLETED** swim kids 4 or equivalent, OR can swim 25 metres comfortably and continuously in deep water

Child may swim in deep water/deep pool without lifejacket.

☐

Moderate and Non-Swimmer

All children 6 Years and under

Children 7 and older who have **NOT** completed swim kids 4, OR cannot swim 25 metres comfortably and continuously in deep water

Child may use shallow pool only without lifejacket. Child must wear a lifejacket in deep pool.

COMMENTS:

A swim assessment may be performed by lifeguards to determine if your child can use deep pool.
Staff reserve the right to change swimming ability based on swim assessment.

ADDITIONAL CONSENT

Please INITIAL each box and sign at the bottom to indicate you understand and CONSENT TO the following:

EMERGENCIES

☐

I CONSENT TO a staff member calling a medical practitioner or ambulance for my child in the case of accident or illness if I cannot immediately be reached.

REFUND POLICY

☐

I have READ and UNDERSTAND the refund policy as printed on my registration receipt.

FIELD TRIPS

☐

I hereby GIVE PERMISSION for my child to participate in field trips.

PHOTOS

☐

I CONSENT TO photos of my child (taken while in programs) for use in WSPR promotional material.

SUNSCREEN

☐

I CONSENT TO my child participating in outdoor water activities without a t-shirt on or over their bathing suit.

PARENT HANDBOOK

☐

I have READ and UNDERSTAND the Parent Handbook on the WSPR website.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

BASIC IMMUNIZATION SCHEDULE

Please tick one box below:

☐ I choose NOT to immunize my child and agree to temporarily withdraw my child from the program should the community be facing an epidemic.

☐ My child is up to date on all immunizations.