



Quesnel School District 28 StrongStart Registration Form



Baker___ Barlow___ Bouchie___ Dragon Lake___

Admission Date: _____

Have you attended another StrongStart Program? _____

Legal Name: _____
Last First Middle

Child's Address: _____ Quesnel, BC V2J _____

Date of Birth: _____(DD-MMM-YYYY) **Copy of Birth Certificate Provided:** Y N

Sex: M F

Allergies: _____

Parent / Guardian Information Child lives with _____

Parent #1 Name: _____ Relationship _____ Phone _____

Address: _____ Cell _____

Email Address: _____

Parent #2 Name: _____ Relationship _____ Phone _____

Address: _____ Cell _____

Email Address: _____

Why do we collect information?

At times, the School District collects data on program participation in order to help with evaluation, planning and program development. At all times, family and child privacy is protected. All information collected is analyzed as a whole and is not to be used for diagnosis or identification of individual children or families. All data is kept in a secure and confidential location. Questions about collection and use of information should be directed to

Suzanne Bolin, Director of Instruction, School District #28
(Quesnel) 250 992 8802

I have read and understand the StrongStart data is collected for research purposes only and consent to the use of the above information.

Signed: _____ Dated: _____

Photo Consent & Release

I give my consent to the use of photographs or film of myself and/or my child taken in conjunction with the "StrongStart" program.

I agree to the use of the photographs and/or films in:

____ Classroom / School

____ Workshop presentations

____ Publicity (newspaper, television, brochures, school district website)

Name of Child

Signature of Parent: _____

Signature of Guardian (if applicable): _____

Date of Signature: _____