

**TOWN OF BAULINE**  
2024 AFTER-SCHOOL  
REGISTRATION FORM

IMPORTANT INFORMATION – PLEASE PRINT ALL REQUIRED INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MCP #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Mother: \_\_\_\_\_

Tel. Home: \_\_\_\_\_

Tel. Work: \_\_\_\_\_

Father: \_\_\_\_\_

Home: \_\_\_\_\_

Tel. Work: \_\_\_\_\_

**\*\*Emergency contact (other than parent) \*\*MUST BE FILLED OUT:**

Name: \_\_\_\_\_

Tel Home: \_\_\_\_\_

Tel. Work: \_\_\_\_\_

Please note, we will always try to contact the parent/guardian first in the case of an emergency. If unreachable, then we will contact the emergency person. Also, make sure your child knows who the emergency contact is.

**MEDICAL CONSENT:**

In order to distribute medication to your child, you must complete the following form. We cannot distribute any medication without prior authorization.

Date: \_\_\_\_\_ Name: of Child: \_\_\_\_\_

Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Please indicate any medical conditions (i.e.) allergies the your child may have:

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**EMERGENCY TRANSPORTATION CONSENT:**

In case of an emergency situation, I authorize the school personnel to administer the first aid to my child & to provide the appropriate emergency care.

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION TO PHOTO:**

I understand that video, sound tape recordings, movies or photographs may be taken of my child. These will be used for educational purposes (e.g.) publications, newsletter articles, text books, poster presentations) and I give permission for such use if any recording is made of my child.

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost per week: \$50.00**

We will not be accepting partial week payments, even if a child misses a day of camp due to illness or family vacation. Since they are reserving a spot for the full week, the full week must be paid for.

Payment can be made by EMT to [manager@townofbauline.ca](mailto:manager@townofbauline.ca) Please write the child's name in the EMT comment section.