After School Program Registration Form
Must be 6+ years old

Child's Name: _____

Address: _____

Birthday: _____

Health Card Number: _____

Emergency Contact:

1) Name: _____

   Phone number: _____

   Relationship: _____

2) Name: _____

   Phone number: _____

   Relationship: _____

Allergies: _____

Medical conditions/directives: _____

Additional information: _____

Can Your Child Walk Home unaccompanied?: YES NO

Any Guidelines (ie. Walk with sibling):_____

Photographic Release

I hereby irrevocably grant the Queen City Eastview Community Association Inc. the right to record or photograph my child/ward during their participation in the QCECA's activities, programs and services.

☐ Yes, I give consent for my child to have their photo taken.
☐ No, I do not want my child's photo taken.

SIGNATURE: _____

DATE: _____

Important Information

** The program runs 3:15 to 5:15PM. Late pickups **will not** be tolerated.

** Each child must have clean indoor runners, which they are allowed to keep at the centre.

**** QCECA is not responsible for any lost or damaged property. Please do not bring personal belongings or electronic devices, as we cannot guarantee their safety.**

If you have any questions or comments please contact us at (306) 525-4757 or via email at programs@eastviewregina.com