



# Seaview Community School

## SCHOOL OF WONDERSTANDING – REGISTRATION – 2018

(Please Print Clearly)

CHILD’S SCHOOL: \_\_\_\_\_

CHILD’S Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_ Medical # \_\_\_\_\_

PARENT(S)/GUARDIAN(S) \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Please put my child with: Child’s Name \_\_\_\_\_

My Child(ren) will be picked up at 2:45 pm by: \_\_\_\_\_  
(NAME / RELATIONSHIP)

My Child(ren) has permission to walk home: \_\_\_\_\_ Yes \_\_\_\_\_ No

I/We agree that our child(ren) will follow all reasonable directions and instructions given by the School of Wonderstanding, Instructors in connection with the operation of the Program.

I/We release and forever discharge School District #43, SFU, School Staff and Program Instructors of, and from, all manner of actions, claims, and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any School of Wonderstanding, or any Community School program, service or event.

In the event that our child(ren) is/are injured, ill or in need of immediate medical attention and I/we are unable to be contacted, I/we authorize school district staff, instructors and volunteers to seek medical attention on my/our behalf.

I/We Authorize School District #43 and SFU’s Professional Development Program, to use at their discretion, any photographs or video taken containing our Child(ren)’s images, while participating in the School of Wonderstanding, Community School programs, services and events, for brochures or other promotional, educational or informational reasons.

I DO NOT want my child(ren) photographed and/or video taped.

PARENT/ GUARDIAN SIGNED \_\_\_\_\_ DATED \_\_\_\_\_