



Lake Country Imagination Academy REGISTRATION & WAIVER

Main Office: 10251 Newene Rd, Lake Country, BC V4V 1V2

STUDENT NAME: First: _____ Middle: _____ Last: _____

Please Circle

- Long Day Childcare (7:30am-5:30pm): *Monday/Tuesday/Wednesday/Thursday/Friday* or Full Time
- Short Day Childcare (8:30am-4:00pm): *Monday/Tuesday/Wednesday/Thursday/Friday* or Full Time

Today's Date: _____ Start Date: _____

Birthdate: ____ / ____ / ____ (mo/day/yr) Sex: ____

Parent Name _____ Cell # _____ Work# _____

Parent Name _____ Cell # _____ Work# _____

Family full home address: _____

Email: _____ Email: _____

Siblings: (1) Name: _____ Age: ____ (2) Name: _____ Age: ____

(3) Name: _____ Age: ____ (4) Name: _____ Age: ____

Persons to contact in case of Emergency ONLY:

1. Name _____ relationship to child _____

Phone #1 _____ and phone #2 _____

2. Name _____ relationship to child _____

Phone #1 _____ and phone #2 _____

Persons who may SIGN OUT child:

1. Name _____ relationship to child _____

Phone #1 _____ and phone #2 _____

Full address: _____

2. Name _____ relationship to child _____

Phone #1 _____ and phone #2 _____

Full address: _____

3. Name _____ relationship to child _____

Phone #1 _____ and phone #2 _____

Full address: _____

Person with **NO** access to child:

1. Name _____ relationship to child _____

Phone #1 _____ and phone #2 _____

Doctor's name: _____ Phone: _____

Care Card #: _____

Immunization: are the student's immunizations current? YES or NO

*If No, please explain: _____

(If no, please note that your student may be asked to not attend during an outbreak.)

Is your student on any medications? YES or NO Describe: _____

Allergies? YES or NO If yes, then what kind: _____

Special diet? _____

Medical conditions? YES or NO Describe: _____

Ongoing health concerns like colds, bronchitis, ear infections?

Other concerns (ie vision, hearing or speech? behaviour/emotional?)

Have there been significant changes in your child's life? (ie. death, separation, a move, a new sibling?)

Do you have more information/suggestions that will support your child during their time at LCIA?

Is there a custody agreement? YES or NO (if Yes, then a copy must be provided.)

Is there a restraining order? YES or NO (if Yes, then a copy must be provided.)

PLEASE READ, CHECK AND SIGN THIS WAIVER

GENERAL POLICIES OF LAKE COUNTRY IMAGINATION ACADEMY (LCIA)

- Field trips: I agree that my student can participate in daily "field trips" at Lake Country School of Dance and Lake Country Gymnastics located at 10251 Newene Road.

- I agree that I have fully described on this form any medical conditions that may affect the student’s ability to participate in class and/or field trip activities.
- I agree that LCIA may call an ambulance on behalf of my student if injury should occur.
- If there is a current custody agreement or restraining order regarding my student, I will provide a copy to LCIA before the first class.
- I will read and follow the LCIA Parent Handbook prior to the first class (to be provided separately).
- Deposit, Registration and Insurance Fees are non-refundable.

I acknowledge that I have read these General Policies, that I understand them, and have/will comply. I agree to be solely responsible for any and all costs, damages, and expenses incurred by me and/or my child as a result of any injury sustained from participation in any classes taken at LCIA. I further agree not to hold LCIA, its staff and/or instructors responsible in any way for such injury. I also agree not to hold LCIA or its staff responsible for my child while she/he is not in class. And finally, I understand that this waiver is in force for any and all classes taken by this child while he/she is a minor.

Please check this box to indicate that you are in compliance with all of the above.

Please check here to authorize LCIA to use photos of your student for promotional purposes.

Parent/Guardian (print name): _____

Signature: _____ **Date:** _____