For AYP STAFF ONLY. Time Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2020 Abbottsfield Spring Break Program Permission Form**  Programs runMarch 23rd-March 24th or March 25th-March 26th, 9:30 a.m. to 3:30 p.m. | | | | | | | | | | | | |  | | | | | | | | | | |
| ***All information received by AYP will be held in strict confidence*** | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  | | | | | | | | | | |
| Name of Child #1 | | **M**  **F** | | Name of Child #2 | | **M**  **F** | | Name of Child #3 | | | **M**  **F** | |  | | | | | | | | | | |
| Does your child require a Lifejacket? Does your child require a Lifejacket? Does your child require a Lifejacket?  Yes  No  Yes  No  Yes  No | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  |  |  |  |  | |  |  | | | | |  | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | | | | |
|  | |  |  |  | | | | | | | | | | |
| Date of Birth | |  | | Date of Birth | |  | | Date of Birth | | |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  | | | | | | | | | | |
| Current school | |  | | Current school | |  | | Current school | | |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  | | | | | | | | | | |
| AHC |  | | | AHC |  | | | AHC | |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  | | | | | | | | | | |
| Medications | |  | | Medications | |  | | Medications | | |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  | | | | | | | | | | |
| Allergies or medical conditions | | |  | Allergies or medical conditions | | |  | Allergies or medical conditions | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  | | | | | | | | | | |
| Please let us know if your child Please let us know if your child Please let us know if your child  has any behavioral concerns has any behavioral concerns has any behavioral concerns  so we can best support them so we can best support them so we can best support them | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
| Parent(s) Name(s): | |  |  |  |  |  |  | |  |  |  | |  | | | | | | | | | | |
|  | |  |  | | | | | | | | | |  | | | | | | | | | | |
| Home Address: | |  |  |  |  |  |  | |  |  |  | |  | | | | | | | | | | |
|  | |  |  | | | | | | | | | |  | | | | | | | | | | |
| Home Phone: | |  |  |  |  | Work/Cell Phone:e: | | |  |  |  | |  | | | | | | | | | | |
| Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | | | | | | | |  | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | |  |  | | | | | | | |
| Emergency contact person: | | |  |  |  |  | Emergency Phone #: | | |  |  | |  | | | | | | | | | | |
| **(Must be someone who does not live with you)** | | | | | | | | | |  |  | |  | | | | | | | | | | |
| Relationship to Child: | | |  |  |  |  |  | |  | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
| **Continue to the second side of this form**  Who else is allowed to pick up your child? (Only you and those people listed will be able to do so).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I give permission for my child(ren) to participate in the AYP Spring Break Program. I understand that AYP Staff is not responsible for transporting my child(ren) to and from the program. I give permission for my child(ren) to eat AYP’s snacks, and for AYP Staff to perform First Aid/obtain medical attention for my child(ren) in the unlikely event of an accident.  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent or Guardian  I give permission for AYP Staff to use the agency’s minivan or 15-passenger van to transport my child(ren) to and from field trips, as well as in the unlikely event of an emergency.  **Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent or Guardian | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |

Please check the group you would like your child(ren) to attend. We cannot guarantee your request because it’s a first come first serve basis, but we will do our best! All camps are run out the AYP Office (10608-34St).

**Group A** (March 23rd-March 24th) **Group B** (March 25th-March 26th)

\*Each line of this registration form **must be filled out completely** or the registration package will not be accepted.

\*Please remember to pack winter clothing (jackets, mittens, boots, toques, etc) for your child(ren) as we may have some activities outdoors, if weather allows.

\***Please return this completed form directly to AYP Staff** (at group, AYP’s office, or through email) **by Friday, March 6th, 2019.**