



## Program Enrollment Form 2016-2017

**Please fill out in full.** It is required that **all** sections of the enrollment form are completed before confirmation of registration is granted to any ESFRA program. Incomplete forms will be subject to participants potentially losing their program space.

Parent/Guardian Name(s): _____	
<b>Full Mailing Address:</b> _____ _____	
Email: _____	Phone: daytime _____ evening _____

Name of main caregiver attending with child(ren) & relationship: _____ _____	
Phone: daytime: _____	evening: _____
Email: _____	

<b>Names &amp; ages of child(ren):</b>	
Child (1) _____	Age _____ Birthdate: _____
Allergies/medical conditions? _____	
Languages spoken at home? _____	
<b>Program Name:</b> _____	
<b>Day/Time:</b> _____	
<b>Location:</b> _____	
Child (2) _____	Age _____ Birthdate: _____
Allergies/medical conditions? _____	
Languages spoken at home? _____	
<b>Program Name:</b> _____	
<b>Day/Time:</b> _____	
<b>Location:</b> _____	
Child (3) _____	Age _____ Birthdate: _____
Allergies/medical conditions? _____	
Languages spoken at home? _____	
<b>Program Name:</b> _____	
<b>Day/Time:</b> _____	
<b>Location:</b> _____	

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**Who do we contact in case of an emergency?**

Name of person: \_\_\_\_\_ Contact No. \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Contact No. \_\_\_\_\_

***I hereby authorize ESFRA staff to secure such medical advice and services as may be deemed necessary for the health and safety of myself and/or my child(ren) or ward. I agree to accept financial responsibility of the benefits not allowed by Provincial Health Insurance, if necessary.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Audio-Video-Photograph Consent/ Release**

While attending our programs, we would like the option to record our participants and activities by means of photographs, video & audio recordings. The use of these recordings/images, **without** personally identifying information (name, age, community of residence), would be used within our programs (e.g. Wee Bears to enhance our literacy component) and/or to promote our programs in community publications and events, on ESFRA'S website ([www.esfamily.org](http://www.esfamily.org)) and other media campaigns.

***I, \_\_\_\_\_, (please circle one) GIVE / DO NOT GIVE permission to the Eastern Shore Family Resource Association to use images/video/audio recordings of myself and/or my child(ren) for electronic use, print publications and/or by news media.***

I realize that the Eastern Shore Family Resource Association cannot be held responsible for the final copy and photographs used by external organizations or news media. I understand that other participants may incidentally photograph/audio & /or video record myself and/or my child(ren) for their personal use and this is beyond the control of ESFRA and it's staff.

***I release the Eastern Shore Family Resource Association from all claims and payments to any use of the material obtained as a result of the consent.***

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
Print name

**Are you interested in volunteering for us? Yes No If so, in what capacity?**  
**Join our Board? Fundraising Committee? Community Events? Other skills/services to benefit the overall agency? Pease circle.**

By registering for any ESFRA program, you automatically become a member of the Eastern Shore Family Resource Association with rights to attend and vote on issues at our Annual General Meeting. If you wish to decline membership please direct all verbal &/or written communications to Nancy Hollis, Executive Director. Declining will not affect your registration to our programs &/or services.

The information gathered on this form is for the sole use of the Eastern Shore Family Resource Association to be used to access emergency medical attention and for communications with our participants. Any questions and/or concerns please contact **Nancy Hollis, Executive Director @ 902-827-1461.**

