

To ensure safety please check appropriate box:

My child has permission to remain after school to participate in the program and fieldtrips AND

I or a designated adult will pick up my child at the end of program (If designated adult changes, I will inform staff prior to pick up)

I agree that my child will follow all reasonable directions given by program leaders/volunteers. In the event that my child is injured, ill or in need of medical attention and I am unable to be contacted, I authorize program staff and/or volunteers to seek medical attention on my behalf. I agree to pick up my child/children on time, at the end of the program (5:00pm). In the event that I am unable to do so and am late, program staff has the right to call emergency contact numbers. I understand that if I am late picking up my child, Little Mountain Neighbourhood House reserves the right to request a \$10.00 late fee.

1. By signing below, I hereby represent that my child has no physical restrictions other than described above that would prohibit my child's participation in the program.
2. By signing below, I hereby release, remise and forever discharge LMNH, its agents or volunteers, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by LMNHS.
3. I agree to my child's photo being used for documentation and promotion

Parent/Guardian Signature: _____ Date: _____

I would like to receive program updates and notices for LMNHS Child and Youth Programs



LITTLE MOUNTAIN NEIGHBOURHOOD HOUSE HOSTS



DAVID LIVINGSTONE ELEMENTARY
TUESDAY IN ROOM 104
FRIDAYS IN THE GYM
3PM - 5PM



HEALTHY SNACKS INCLUDED!

REGISTRATION THURSDAY JANUARY 10TH
8:30AM AND 3PM IN FRONT OF SCHOOL OFFICE
CONTACT: STEPHANIE_FENG@LMNHS.BC.CA
CHILD AND YOUTH COORDINATOR
604-879-7104 EXT 410





LITTLE MOUNTAIN NEIGHBOURHOOD
HOUSE HOSTS



JANUARY 14TH - JUNE 14TH

Increase Physical Literacy, Academic Literacy, and Social and Emotional Literacy through:

- outdoor play
- connections with nature
- group games
- series of fundamental
- movement skills
- storytelling
- child's rights

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David Livingstone Elementary

Grade 1 Grade 2 Grade 3 Teacher: _____

Participants First and Last Name _____

Date of Birth dd/mm/yy: ___/___/___ Age: _____ Sex: M F

Parent/Guardian Name: _____

Home Address: _____ Postal Code: _____

Phone (Main) #1: _____ Phone#2: _____

Email: _____

Doctor: _____ Doctor's #: _____

Care Card/Medical #: _____

Medical/Health Concerns (Allergies, Medications, Special Notifications):

No Yes: _____

In case of Emergency:

Contact #1: Name: _____

Relationship: _____ Phone: _____

Contact #2: Name: _____

Relationship: _____ Phone: _____

Annual Registration for Programs	Cost	Selected
Winter Semester Jan 14 - Mar 15	\$50	<input type="checkbox"/>
Spring Semester Apr 8 - June 14	\$50	<input type="checkbox"/>
Pro - D Care* Apr 29 <input type="checkbox"/> 9am-4pm May 17 <input type="checkbox"/>	\$40/day	<input type="checkbox"/>
Total		

more information upon registration

Name: _____

Winter Jan 14 - Mar 15

Spring Apr 8 - June 14

Pro - D Care 9am - 4pm Apr 29 May 17