

MPNH Preteen Program Registration Form

Program Information

Program Name:			
Participant Information			
First Name:		Last Name:	
21.11.1()000(1.11.11.22)			
Birthdate (YYYY-MMM-DD):	Pronouns:	School/Grade:	
Apt/Unit #:	Street Address:		
City:		Postal Code:	
Email Address:		Contact Number:	
Permanent Resident / Unique	Client Identifier (or other) N	umber:	
Status in Canada (check one): Canadian Citizen Permanent Resident Refugee Claimant International Student Other			
This information helps us gather demographic information for reporting purposes and will not affect access to programs.			
If you checked other, please e	explain:		
Personal Health Number (PHN,	/Care Card Number):		
Any allergies, medication, dietary restrictions (e.g. halal, vegetarian, vegan, etc.) we should know about? Please list:			

Confidentiality & Privacy Policy

Mount Pleasant Neighbourhood House and the Association of Neighbourhood Houses respects your family's personal privacy. The information collected on this form is in compliance with the BC Personal Information Protection Act and will not be shared with anyone without your permission. We are required to provide non-identifying demographic information for reporting purposes for our funders. Should we require to share your personal information for the purposes of referrals or otherwise we will contact you for your consent.



Parent/Guardian Information and Emergency Contact

Parent/Guardian First Name:	Parent/Guardian Last Name:
Parent/Guardian Email:	Parent/Guardian Phone:
Emergency Contact Person #1:	
Emergency Contact Person #1 Phone:	Relationship to Participant:
Emergency Contact Person #2:	
Emergency Contact Person #2 Phone:	Relationship to Participant:
by Association of Neighbourhood Houses (ANH) i House program as described in the program guid- risks to the child in connection with their particip hereby release, remise and forever discharge Mo volunteers, of and from all manner of actions, can from any injury, loss or expense sustained, arising	structions and directions of the leaders and instructors duly appointed in connection with the operation of the Mount Pleasant Neighbourhood e. I am aware of and now freely accept and assume responsibility for all pation in the activity. I provide my informed consent and permission and punt Pleasant Neighbourhood House and ANH BC, its agents or use of action, claims and demands of whatever nature which result g out of or in any way connected with participation in any program or the event that our child is injured, ill or in need of medical attention, and
I consent to the participant's photo being used for	or promotional purposes:
Please sign to acknowledge that you have read of Consent/Acknowledgement of Risk:	and understood our Confidentiality and Privacy Policy and the Parental
Parent/Guardian Name and Signature (REQUIRED)	Date (YYYY/MMM/DD)



Parent Pick –up / Walking Agreement for PRETEENS ONLY (ages 10 – 12)

Authorization for my child to walk/bike home

parental/guardian supervision. I understand that N	eighbourhood House and return home without staff or MPNH and its staff are not responsible for my child's safety after eave program early unless a signed note has been sent by the
□ YES	
□ NO	
Authorized pick-up people are: (including parents/	guardians)
1 2	
Please do not send anyone to pick up your child who	om your child will not recognize.
In the event of any emergency and someone not lis	ted must pick up your child, please call 236-858-8763.
Parent/Guardian Name and Signature (REQUIRED)	Date (YYYY/MMM/DD)
Please e-mail your registration form to:	
Ian Ditchburn at iditchburn@mpnh.org	
You can also drop off your form in person at:	
Mount Pleasant Neighbourhood House	
800 East Broadway	
Vancouver, BC	
V5T 1Y1	