



Elementary School

PO Box 520, Prince Rupert, BC. V8J 3R7 Telephone 250- 627-7054 Fax 250- 627-7989

REGISTRATION AGREEMENT

I, _____ (please print), have accurately completed all necessary enrolment forms as required for my child _____.

Furthermore, I have received electronically and read the Parent Manual, in particular the safe release of child, pick up, late pick up and illness, policies. I understand that failure to abide by the outlined policies and procedures or to keep fee payments current may result in my child being removed from the program.

Signature of enrolling parent/guardian

Date

I have completed and signed the following documents: (Staff to initial complete and received)

- Checkboxes for registration agreement, child care registration, current photo, and immunization information, with staff initials.

Verification of Northern Health Employee

Checkbox for Northern Health Employee with Yes/No options.