Wilmot & Wellesley Resource Centre
Your Community Support Hub

WWRC Summer Activities Parent/Guardian Information

Primary Contact Information (Parent or Guardian)

1. Parent/Guardian (Required):

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Address: _____

Phone Number: _____

2. Parent/Guardian:

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Address: _____

Phone Number: _____

If you are not staying and another adult is picking up your child, who is authorized to pick up?
(Only those listed will be allowed to pick up your child, unless you have let us know in writing prior to pick up)

1. _____ Relationship to child: _____
2. _____ Relationship to child: _____

Emergency contact: (if parent/guardian cannot be reached)

Name: _____ Contact #: _____

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Wilmot & Wellesley Resource Centre Photo Release:

I _____ (Primary or Secondary Contact) give permission on behalf of _____ (child/children) for Wilmot & Wellesley Resource Centre to:

- ❑ Take photographs, video, or audio recordings
- ❑ To release photos that my child is in, to interested parties, such as the parents of other children in the same photo, video, audio recording
- ❑ To be used on Wilmot & Wellesley Resource Centre's social media or website for promotional, or educational purposes

Parent/Guardian initials for photo consent ☐

WWRC Summer Activities Program Guidelines

1. Keep your hands and feet to yourself.
2. Be respectful in words and actions.
3. Touch only what belongs to you.
4. Stay within the activity area.
5. Follow the direction of your leaders.

Please sign to acknowledge that you have completed this registration form to the best of your ability and that all information is accurate and up to date.

Signature of Parent/Guardian: _____
(If returning this form via email, type your name here. By sending this email back to us, this action stands in place of your signature)

Date (yyyy/mm/dd): _____ /_____ /_____