

OCCA Homework Club Registration Form

Please offer the students name, the same as their name on their Birth Certificate.

Student 1: _____ Gender : Male ____ Female ____

Date of Birth (D/M/Y): ____ / ____ / ____

Care Card Number: _____ Allergy: _____

Does this student have any medical issue that OCCA should be aware of?

Yes _____ No _____

If you checked “Yes” above, please give us the detail.

Student 2: _____ Gender : Male ____ Female ____

Date of Birth (D/M/Y): ____ / ____ / ____

Care Card Number: _____ Allergy: _____

Does this student have any medical issue that OCCA should be aware of?

Yes _____ No _____

If you checked “Yes” above, please give us the detail.

Student 3: _____ Gender : Male _____ Female _____

Date of Birth (D/M/Y): ____ / ____ / ____

Care Card Number: _____ Allergy: _____

Does this student have any medical issue that OCCA should be aware of?

Yes _____ No _____

If you checked “Yes” above, please give us the detail.

More students, please list them below:

Parent/Guardian: I certify that I am the parent or legal guardian of the participant named above and that I am entitled to his or her custody and control. I understand the aforesaid inherent risks (including the risk of possible exposure to the COVID-19 virus or other infections or infectious diseases) that could arise from these activities, I grant permission for my son/daughter/ward to participate in all the activities at OCCA Homework Club and I have full confidence that reasonable precautions will be taken to ensure the safety and well-being of myself (or my son/daughter/ward).

Parent/Guardian Name(s): _____

Date (D/M/Y): ____ / ____ / ____

Parent/Guardian 1 Name: _____

Home Address: _____

Postal Code: _____ Email: _____

Cellphone: _____

Parent/Guardian 2 Name: _____

Home Address: _____

Postal Code: _____ Email: _____

Cellphone: _____

Medical Contact Information:

Family Doctor's Name: _____

Doctor's Phone: _____

Emergency Contact Name: _____ (The person to contact in case of accident or emergency, if parents are not available)

Emergency Phone: _____

Relationship to Parent: _____

Do you give your permission to OCCA use your child/children's Birth Certificate photo copy in your profile, as the confidential file?

Do you give your permission to OCCA use your child/children photographs/videos taken while participating in OCCA Homework Club activities for the purpose of promoting on their website and any and all manner of media) without payment of any fee or charges.

Yes: _____

No: _____

As the legal parent/guardian of the child/children listed on page 1&2, I certify that all the above information is true and complete.

Parent/Guardian Name(s): _____

Parent/Guardian Signature(s): _____

Date (D/M/Y): ____ / ____ / ____

Optional:

Please offer the school name and the grade of your child/children:

Please check which days of the week your child/children will participate in?

Monday_____ Tuesday_____ Wednesday_____

Thursday_____ Friday_____ Saturday_____ Sunday_____

Please check which days of the week your child/children need a ride?

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Picking Up							
Sending To Home							

If any days your child/children need to be picked up, please leave the address below.

Picking :

Sending :
