



- Early Explorers (2 year olds)
- Active Adventurers (3 year olds)
- Kinder Kids (4 year olds)

REGISTRATION FORM

CHILD'S FULL NAME: _____ **SEX:** Male Female
Surname First Middle

Mother's Name: _____
Surname First

Father's Name: _____
Surname First

Address (of child): _____
_____ **Postal Code** _____

Phone Number: Home: _____ Other: _____ work cell

Email Address: _____

Child's date of birth: _____ **Age (on Sept. 30, 2011):** _____

General Health: _____ **Medicare Card #:** _____

ALLERGIES: _____

Any illness the educator(s) should know of:

IN CASE OF EMERGENCY:

NAME: _____ **Phone #** _____

Relationship to child _____

Child's Mother Tongue: English ___ French ___ Other _____

How did you hear about this program? _____



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MEMBER CONTRACT

I, the undersigned, do agree to give my **full participation** to the best of my ability in all activities including: fundraisers, group meetings and classroom cleaning duties. I agree to abide by the policies & procedures that govern TLC.

Each family must do their share. It is also understood and agreed that if anyone refuses to participate, they will be requested to leave the program with no refund and all outstanding post-dated cheques will be returned. I am required to give a one month notice (or forfeit one month fee payment) prior to ceasing my commitment to the program. If I leave during a month without giving the 30 day notice, I understand that I will not be entitled to be reimbursed for the current month and one month subsequent.

Members are required to attend and participate in their group meetings. The frequency of these meetings will be decided upon by the group (usually once per bi-weekly or monthly). If you miss a meeting, it is each member's responsibility to become informed of what they have missed.

I agree to keep my child home from school if he or she is ill. If my child has contracted a contagious illness, I am required to inform the educators so that they can relay the information to the other members and prevent the spread of illnesses. If your child has had any form of vomiting, diarrhea, or fever in the past 24 hours; kindly keep your child at home until they have recuperated.

I also agree that my child will be photographed during class time and on outings. These photographs will be used in my child's portfolio as well as those of their classmates. Photos may also be used in TLC's newsletters, displayed on the TLC website and/or in the TLC advertising brochures. No child's name will be published to identify them.

Signature of Parent/Guardian: _____

Date: _____

