



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, 2021):** _____

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, but 2, outstanding post-dated cheques will be returned.

In the event that you choose to leave the program after the start of the school year, you must provide a one month written notice with the last day of attendance clearly stated. There is a two-month fee penalty (TLC will retain two post-dated cheques) for the two months following the last day of attendance.

TLC reserves the right to request any child to cease participation in the program if they require specialized care that we are unable to provide or if their behaviour poses a danger to either the educators or their classmates. No refund will be given for fees paid.

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: _____



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CCS MEMBER PARTICIPATION RECORD

Member Participation – *As our programs are non-profit, it is expected that each family will actively participate.* This includes:

- Full participation in the fundraising activities, when and as required
- Cleaning the classroom on a rotation basis
- Attend and participate in workshops (if interested)
- Volunteer as a member of TLC’s Board of Directors (if interested and elected)
- Volunteer as a member of TLC’s administrative committee (if interested)

Parent Name: _____

Address: _____

City & Postal Code: _____

Phone: _____

Do you have use of a car for transportation on occasional field trips? _____
Yes No

Do you have any special interests, talents or contacts that would be relevant to either the children’s group or the program in general?
