

2019/2020 P.A. Day Registration Form

All sessions are from 9am to 4:00pm. Drop off is from 8:45 to 9:00am. Pick up is from 4:00 to 4:15pm. **Extended Care** is available for an additional \$10/child. **Extended Care** drop-off is 8:30am. Pick-up is from 5:00-5:15pm.

Each session is \$40/child. **Extended Care** is an additional \$10/child. Please select all sessions your child will be attending or select full week registration.

2019/2020 P.A. Day Schedule	Check the dates below:	Extended Care?
Friday, November 8		
Friday, December 6		
Friday, January 31		
Friday, May 1		
Monday, June 8		

Name of Registrant(s):

1. _____ Age: _____ Current Grade: _____
2. _____ Age: _____ Current Grade: _____
3. _____ Age: _____ Current Grade: _____

Name of Parent/Guardian(s): _____

Emergency Contact Information: Please list 3 telephone numbers (home, cell, or work), where someone can be reached if needed. We will call in the order listed.

Name			
Phone Number			

Email address: _____

Museum Member? Y N **How did you hear about this program?** _____

Who has permission to pick up your child(ren), other than a parent/guardian?

_____ or _____

Photography Release:

Photographs may be taken of your child during his/her participation in this program. Please sign below if you give permission for these photographs to be used by the Stratford Perth Museum for publication or promotional purposes.

Signature of Parent/Guardian: _____

Please list any allergies, food sensitivities, medications we should be aware of: _____

Please list any other special conditions or considerations: _____

Please note: If a child has a physical, learning, or behavioural special need, please indicate above. Extra assistance may be required in certain cases, in the form of a parent or guardian attending to chaperone their child.

Waiver:

1. I acknowledge that the child named above has my full permission to participate in all indoor and outdoor program activities;
2. I accept all personal risk on behalf of my child for the consequences of such participation;
3. I agree that in the event of an accident or medical problem suffered by my child, the program leaders are authorized to administer and/or seek out the appropriate medical care;
4. I affirm that I have listed any behavioural, physical, emotional, psychological, or medical needs on this form, OR have discussed them with the program supervisor;
5. I agree that my child will follow all of the rules and guidelines of the program, and that the program fee will be non-refundable if my child is required to leave for violating the rules and guidelines. In the event that my child is required to leave, I will come pick up my child immediately

By signing below, you indicate that you have read and fully understand all aspects of this waiver.

Signature of Parent/Guardian: _____

Date: _____

Please note: Participants are responsible for their own lunch and snacks. For the safety of other participants, all food must be NUT FREE. Participants should wear comfortable clothes and indoor shoes, and bring boots, snow pants, and other gear suitable for snowshoeing and other outdoor activities.

For Museum Use Only:

Payment Method: Cheque Cash Visa MasterCard AmEx Debit

Amount Paid: _____ **Date of Payment:** _____

Notes: _____
