

CHILD'S INFORMATION:

FULL NAME:			
HOME ADDRESS:		POSTAL CODE:	
PHONE NUMBER:			
DATE OF BIRTH:	DAY:	MONTH:	YEAR:
HEALTH CARD NO.:			
NAME OF PHYSICIAN:			
PHYSICIAN'S ADDRESS:			
PHYSICIAN'S PHONE NO.:			
LIST OF ALLERGIES:			
FOOD RESTRICTIONS:			

GUARDIAN 1 INFORMATION:

FULL NAME:			
HOME ADDRESS:		POSTAL CODE:	
HOME PHONE NUMBER:			
EMPLOYER:			
EMPLOYER ADDRESS:			
BUSINESS NUMBER:		CELL PHONE NO.:	
EMAIL ADDRESS:			

GUARDIAN 2 INFORMATION:

FULL NAME:			
HOME ADDRESS:		POSTAL CODE:	
HOME PHONE NUMBER:			
EMPLOYER:			
EMPLOYER ADDRESS:			
BUSINESS NUMBER:		CELL PHONE NO.:	
EMAIL ADDRESS:			

EMERGENCY CONTACTS: ** Must list 2 contacts other than guardians

FULL NAME:		RELATIONSHIP:
HOME ADDRESS:		
HOME PHONE NUMBER:		BUSINESS NO.:
CELL PHONE NUMBER:		
FULL NAME:		RELATIONSHIP:
HOME ADDRESS:		
HOME PHONE NUMBER:		BUSINESS NO.:
CELL PHONE NUMBER:		

AUTHORIZED RELEASE: **People authorized to pick your child up from Preschool

FULL NAME:		RELATIONSHIP:
FULL NAME:		RELATIONSHIP:

Registration Dates- Please check off the weeks you would like your child registered.

Payment Method- Visa, Mastercard, Interac, Amex or Cash.

Forms can be dropped off at Tumbles 'N' Toys from Tuesdays to Thursday from 9.30am- 2pm and Fridays 9.30am- 12.30pm.

Space is limited- Final date of registration is July 10th.

Our summer camp is being coordinated by Cathy Mc Donald a registered ECE Teacher, if you have any questions or concerns you would like addressed regarding the structure of the program. Please contact Cathy at: cathym@rogers.com

<u>July 20-24</u> <u>Mad Science</u> <u>camp</u> <u>\$80.00</u>	<u>July 27-31</u> <u>Art</u> <u>Madness</u> <u>\$80.00</u>	<u>August 10-14</u> <u>Drama Fun</u> <u>\$80.00</u>	<u>August 17-21</u> <u>Chef Fun</u> <u>\$80.00</u>

Photo/Film Release Form

My name is _____

I am the Parent/Guardian of _____

I understand that photography/film may be used in the promotion of Tumbles 'N' Toys Ltd. It may be published or used for any application in newspapers, film, television commercials, posters, slide presentations or otherwise displayed to the public, or used for other educational, fundraising, information or training purposes- either in whole or in part by

I fully acknowledge that my services have been donated and I hereby waive any fees or payments.

I do

Do not (check one box)

Give permission for Tumbles 'N' Toys Ltd. to use my name for the purposes outlined above.

Dated this _____ day of _____, 20 _____

Signature

Emergency/Medical Assistance

I, _____, give my consent for my child _____, in case of emergency, to be taken to the hospital or a doctor and given the necessary medical treatment. I also give my permission for my child to receive medication if ordered by the medical personnel treating my child. I do so with the understanding that I will be notified as soon as possible and informed as to the course of action the staff feel is necessary in regards to the situation.

Signature of Parent/Guardian

Signature of Supervisor

Date

Date