

REGISTRATION FORM

ARTS, CULTURE, COMMUNITY & HERITAGE Class/Program Child is r	registered for:	
Full Day Dates:		
Half Day Dates:		
Parent/Guardian Name:	Child's Name:	Age:
	Child's Name:	Age
Daytime/Home Phone:	Emergency Contact/Phone	
Address:		
	nent, if your child has more food allergies/sensitivities we do	o ask that snacks be brought
Behavioural/Special Needs to be aware o	of:	
Special Care Instructions/Medications:		
Waiver (Please read carefully):		
I permit my child to participate in all activities	offered in the program. In the event of an accident or illness affecti	ing my child, I consent to having
the Station Arts Centre Staff authorize any nec	essary procedures, including admission to hospital, as may deem e	ssential for the care and wellbeing
of the participant. Such action is to be taken or	nly when immediate contact with the parent/guardian or emergence	cy contact cannot be made.
my child/children. I agree not to hold the organ	tre (Tillsonburg District Craft Guild) takes all necessary precautions nization or agents responsible for any loss, injury, or accident suffern my child's participation in the Station Arts Centre Program and ac	red in connection with activities.
that the rules of the Station Arts Centre must be recognize that any behaviour that may cause h	aft Guild) takes great care in providing a safe environment for the cobe obeyed in order to maintain a safe environment for fellow stude narm to my child, or others, may result in immediate dismissal. In a behaviour of the organization, I understand that I will not receive an	nts and staff. I and my child situation where my child/children
worker to attend with the child. The Station Ar	te to ensure we have qualified staff on hand. If there is a support worts Centre will not administer any medication to the child/children, cation during their time at the Station Arts Centre, it is the parent's me.	with the exception of EpiPens in
All children registered in the Stations Arts Yout area, they are required to have a parent/guard	th Programming must be able to use the washroom by themselves. dian or support worker with them.	If children need assistance in this
I authorize that my child may be photographed	d/videotaped for promotion by the Station Arts Centre. Yes	No
I have read, understand, and accept the Statio	on Arts Centre Program's policies as described in this waiver.	
Signature of Parent/Guardian:	Date:	