

Preschooler's Name: _____
 Age (as of session): _____ SAC Member # _____

2011 -2012 ARTS FOR TOTS REGISTRATION FORM

Preschooler's Address: _____ City: _____

Email address: _____ Postal Code _____

Date of Birth (D/M/Y) _____ Sex (M/F): _____

Mother's Name: _____

Mother's Phone Home: _____ Cell: _____ Work: _____

Father's Name: _____

Father's Phone - Home: _____ Cell: _____ Work: _____

Has he/she previously been enrolled in a preschool program? Yes ___ No ___ Where: _____

Any behavioural concerns the instructor should be aware of? Yes ___ No ___ if yes please specify _____

Provincial Health Registration # (MHSC): _____ Personal Health I.D. #: _____

Doctor's Name & Phone # _____

Emergency Name & Phone # (other than Parents): _____

Allergies & Medication (attach extra sheet if needed): _____

Parent participation is requested in this program during 3 sessions in the season. Other volunteer opportunities are also encouraged. Plan your dates ahead with the director.

WAIVER

I, the undersigned, understand that participation in any Steinbach Arts Council (SAC) activity involves a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my children and family members that may occur during participation in any program activities held onsite at the Steinbach Cultural Arts Centre, or held offsite from these premises or while in any use of the facilities at the Steinbach Cultural Arts Centre. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I understand medical expenses are my responsibility. By signing this form, I acknowledge that I am aware of the potential risks for participating in activities and programs of the SAC and agree to in no way hold the management, agents, or employees of the SAC liable for any injury that my child may sustain. I understand that all personal information and any medical information, including my MHSC number, is confidential and for use of SAC staff only, and will not be released for any other purposes without my consent. I will participate as a volunteer in the program as stated above. I give permission for pictures /videos of my child to be used for promotional purposes. And to give my child's name and number for birthday parties. I have read, understood, and agree to the above statement.

Parent/Guardian (please print)

Parent/Guardian Signature

Date

Any exclusions: _____

A SAC membership is required in order to take any programs offered at the Arts Centre.

SAC Membership Fees:

Residents of Steinbach or RM of Hanover: \$15/person or \$30/family

Non-resident: \$20/person or \$35/family

Cheques are payable to Steinbach Arts Council. A \$25 NSF fee will apply to returned cheques.
Memberships & Administration fees are non-refundable.

Arts for Tots Preschool Program: \$70 monthly

Monday & Wednesday Mornings

Post dated cheque #'s Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ June ___
Visa or MasterCard # _____ Expiration: _____
Month/Year

Monday & Wednesday Afternoons

Post dated cheque #'s Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ June ___
Visa or MasterCard # _____ Expiration: _____
Month/Year

Tuesday & Thursday Mornings

Post dated cheque #'s Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ June ___
Visa or MasterCard # _____ Expiration: _____
Month/Year

Tuesday & Thursdays Afternoons

Post dated cheque #'s Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ June ___
Visa or MasterCard # _____ Expiration: _____
Month/Year

1st Payment \$ _____
\$25 Admin Fee \$ _____
Membership fee \$ _____
TOTAL \$ _____

For Office Use Only:

QB Invoice #: _____ Date: _____

Method of First Payment: Cash ___ Chq ___ Visa ___ MC ___ DB ___

Reg Sheet: Yes ___ No ___ Correlate: Yes ___ No ___ Membership: Yes ___ No ___