

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

2009 -2010 ARTS FOR TOTS REGISTRATION FORM

Preschooler's Address: _____ City: _____ Postal Code _____

Email address: _____

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

Mother's Name: _____

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

Father's Name: _____

Father's Phone #'s - 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 _____

Are you willing to volunteer one or two mornings a month? Yes ___ No ___

What dates: _____

Arts for Tots Preschool Program:

Monday & Wednesdays post dated cheque #'s - \$62 monthly

Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___
Method of Payment: Cash ___ Chq ___ Visa ___ MC ___ DB ___

Tuesday & Thursdays post dated cheque #'s - \$65 monthly

Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___
Method of Payment: Cash ___ Chq ___ Visa ___ MC ___ DB ___

Tuesday & Thursdays afternoons post dated cheque #'s - \$65 monthly

Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___
Method of Payment: Cash ___ Chq ___ Visa ___ MC ___ DB ___

An SAC membership is required in order to take any programs with offer at this centre.
SAC membership: Residents of Steinbach or RM of Hanover - \$15/person or \$30/family
Non-resident - \$20/person or \$35/family

September Pymt \$ _____
Membership fee \$ _____
TOTAL \$ _____

*Cheques are payable to *Steinbach Arts Council, 304 2nd Street, Steinbach, MB R5G 1P8*

*Memberships are non-refundable

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 have read, understood and agree to the above statement.

Preschoolers Name (please print)

Parent/Guardian (please print)

Parent/Guardian Signature

Provincial Health Registration Number (MHSC): _ _ _ _ _

Personal Health I.D. Number: _ _ _ _ _

Doctor's Name & Phone # _____

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

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