



**S T E I N B A C H  
A R T S  
C O U N C I L**

304 Second Street Steinbach Manitoba R5G 0T7 PH: 346-1077 FX: 346-9777  
Email: sacarts@mts.net Website: www.steinbachartscouncil.ca

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

## 2010 -2011 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 \_\_\_\_\_

**In order to get more involved with the program you will be required to participate in our activities 2 or 3 mornings or afternoons for the entire year. Plan your dates ahead with the teacher.**

**Arts for Tots Preschool Program:**

**Monday & Wednesday Morning post dated cheque #'s - \$65 monthly (\$32.50 for June2011)**

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

**Monday & Wednesday afternoons post dated cheque #'s - \$65 monthly (\$32.50 for June2011)**

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

**Tuesday & Thursday Morning post dated cheque #'s - \$68 monthly (\$34 for June2011)**

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

**Tuesday & Thursdays Afternoons post dated cheque #'s - \$68 monthly (\$34 for June2011)**

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

An SAC membership is required in order to take any programs offered 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 Second Street, Steinbach, MB R5G 0T7*

\*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.

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\_\_\_\_\_  
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): \_\_\_\_\_