

# Registration Application 2009 - 2010



## ① Personal and Contact Information

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Child's Age Now: \_\_\_\_\_ Male  Female   
Month Day Year

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Parent/Guardian Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name(s) of others permitted to pick up child: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Special Needs or Medical Conditions: \_\_\_\_\_

## ② a) How many days of the week will you attend? and b) On which specific days of the week will you attend?

a) Number of days per week: (✓) (2 days/ week) \_\_\_\_\_ (3 days/ week) \_\_\_\_\_ (4 days/ week) \_\_\_\_\_  
AND ( Mon. to Thurs.)

b) On which specific days of the week will you attend: \_\_\_\_\_

## ③ Cost Calculation

\_\_\_\_\_ Two Days per week option: priced at \$132.00

\_\_\_\_\_ Three Days per week option: priced at \$199.00

\_\_\_\_\_ Four Days per week option: priced at \$236.00

Total Payment: \$ \_\_\_\_\_

### Please make cheques payable to: "Town Of Arnprior"

I, the undersigned do hereby release and agree to indemnify and save harmless Arnprior Parks and Recreation, The Corporation of the Town of Arnprior and their respective officers, employees or agents and each and every board and Commission thereof, from all claims for loss, injury or damage, to persons and property while participating in or travelling to and from the above activity, which I, or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Payment Method: \_\_\_\_\_ Processed by: \_\_\_\_\_