



# After School Program Registration Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F

Birthday (m/d/y): \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Mother's Information:**

Name: \_\_\_\_\_ Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Information:**

Name: \_\_\_\_\_ Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Custody:**  Mother  Father  Both

**Child's primary residence:**  Mother  Father  Both  Other

Should there be an emergency and neither parent/guardian can be reached, please provide the contact information for a friend or relative that can assume responsibility for your child. If at any time emergency medical treatment is necessary for my child, I give my consent for it to be given. I understand that every effort will be made to contact the parents or emergency contact listed. **Initial:** \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Personal Information** - We want your child's experience to be the best it can be! Please help us by listing any social or health concerns or conditions.

|                                     |
|-------------------------------------|
| Social                              |
| Health Issues                       |
| Medications                         |
| Allergies                           |
| Special Needs                       |
| <b>Please Provide Health Card #</b> |

In registering and permitting my child to attend **Therien Martial Arts After School Program**, I the undersigned parent, guardian or other duly authorized party hereby agree as follows:

- To permit my child to participate in the full range of activities.
- Let my child go to pre-arranged supervised activities outside the Therien Martial Arts facility.
- I understand that photographs and / or video may be used as promotional materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Please see reverse for payment information. Thank you!***

## Payment Information

\*Please select one of the following options. Monthly payments will be processed on the 1<sup>st</sup> of every month. In case of cancellation, please notify TMA staff prior to the beginning of the month.

**Credit Card**

Cardholder: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

**Electronic Funds Transfer**

Cardholder: \_\_\_\_\_ Bank Account Information: \_\_\_\_\_

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_