**Event Name**

**REGISTRATION FORM**

Pick up: Time, Date, Location

Drop Off: Time, Date, Location

Personal Information

|  |  |
| --- | --- |
| Participant’s Name |  |
| Nickname |  |
| Birthday (MM/DD/YYYY) |  |
| Home Address (Street/ City/ Postal Code)  |  |
| Participant Contact Information | (H)(C)(Email) |
| 1st Guardian's Name/Relationship |  |
| Contact Information | (H)(C)(Email) |
| 2nd Guardian's Name/Relationship |  |
| Contact Information | (H)(C)(Email) |
| Parish (if applicable) |  |

Emergency and Medical Information

|  |  |
| --- | --- |
| In case of emergency, contact |  |
| Emergency contact's address |  |
| Emergency contact's phone |  |
| Doctor's name |  |
| Doctor's phone |  |
| Doctor's address |  |
| **Alberta Health Care** |  |
| Known medical conditions |  |
| Known allergies |  |
| Current medications |  |
| Current behavioural problems |  |

Who may pick up your child? (Name + Phone No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Payment**: Cheque or Cash in full on or prior to **DATE.**

Make cheques ($\_\_ per child) payable to **\_\_\_\_\_\_\_**

***Office use only***

Payment received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation # \_\_\_\_\_\_\_\_\_\_\_\_\_