



Junior Explorers Fall 2019


Participant's Name _____ Age _____ Male/Female/Other _____

Address _____ Attending School _____

Parent/Guardian Name _____ Relation to Child _____

Phone (home) _____ (cell) _____

E-mail address _____

Mandatory Emergency Contact in case above Guardian is unreachable (i.e. not the above guardian) 

Name _____ **Relationship to Participant** _____


Phone (home) _____ (cell) _____

Custody arrangements –Any arrangements we need to be aware of for arrival/departure?

Food Allergies- NO [] YES [] (please list on other side)

Please check!
If this person is the same as the above Parent/Guardian, please reread the instructions

Important:

- cash payments only, we cannot accept cheques 
- payment plan options available, please ask
- refunds not available
- Please be prompt in picking your child up from program and there are no early drop-offs.**

Schedule of Program:

Day of the Week / Location	Cost	Payment										
<p>Waverley Drive P.S. Room #9</p> <p>Mondays September 30-December 16</p> <p>6:30-7:45pm</p>	<p>\$40</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; margin-right: 0;"></div> <p>Total: _____</p> <p>Payments:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Date</th> <th style="width: 40%;">Amount</th> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Date	Amount	_____	_____	_____	_____	_____	_____	_____	_____
Date	Amount											
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Registration Notes:

North Riverside Neighbourhood Group



Authorization and Release

→ There are times in program when activities are photographed and sometimes used in future promotions. Please indicated if you consent in your child's picture being taken. Yes _____ No _____

→ My child has permission to walk home alone.

Yes _____ No _____

Important Information

→ If there are any medical concerns or important medical information you would like us to know about your child, please fill out this section:

Medical Background (allergies, asthma, medical conditions, treatment, precautions etc):

→ If your child must take timed medication, please provide the information below:

Medication required at program: _____ Reason for use: _____

Specific Instructions: _____

→ **Behaviour/Communication** (*any strategies or methods that would help your child best enjoy their program experience. This includes mention of any gifted-ness, special needs, diagnosis, etc.*)

→ **Additional info for staff:**

- **I understand I need to pay with cash**
- I understand that payment plans are available so my child can be in program
- I understand that the North Riverside Neighbourhood Group Staff reserve the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the program.
- To the best of my knowledge my child is in good health. If there is any exposure to any infectious disease and/or change in my child's condition prior to attending program, I will notify the office staff immediately.
- I agree to indemnify (insure against loss) the North Riverside Neighbourhood Group, the Guelph Neighbourhood Support Coalition and their agents, employees, members, directors and officers for any kind of liability, howsoever incurred or caused during the stay of the members listed below on or off site. I further agree and understand that the North Riverside Neighbourhood Group, The Neighbourhood Support Coalition and their agents, employees, members, directors and officers shall not be responsible or liable for: any loss or damage of any kind to the property whatsoever however caused; and any injury to any person however caused.

Signature of Parent or Guardian

Date