



Three-Flavors Kids' Club

Tel: (416) 900-1578 . (416) 829-6306

Email: office@threeflavors.org

After School Program Registration Form – 2010~2011

Month Requested			
<input type="checkbox"/> Sept, 2010	<input type="checkbox"/> Oct, 2010	<input type="checkbox"/> Nov, 2010	<input type="checkbox"/> Dec, 2010
<input type="checkbox"/> Jan, 2011	<input type="checkbox"/> Feb, 2011	<input type="checkbox"/> Mar, 2011	<input type="checkbox"/> Apr, 2011
<input type="checkbox"/> May, 2011	<input type="checkbox"/> Jun, 2011	Site: <input type="checkbox"/> Langstaff CC	<input type="checkbox"/> Rouge Woods CC
Child		<input type="checkbox"/> New <input type="checkbox"/> Return	
Name		Date of Birth	
Home Address		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
		Home Phone	
		Email	
Parent	Mother	Father	
Name			
Cell phone			
Work phone			
Doctor			
Name		Phone	
Allergies			
Action to be taken in case of allergic reaction			
Consent and Declaration			
The undersigned Parent(s) or Guardian(s) hereby agree:			
<ol style="list-style-type: none"> 1. If my/our child is accepted as a member, I/we agree to waive and forever discharge Three-Flavors Kids' Club, its directors, officers, agents, employees and volunteers, from all claims, damages, costs and expenses in respect to any injury, illness, damage to my/their person or property as a result of the member's participation in any program activities. 2. In the event of an accident or illness occurring to my/our child and both parents could not be reached, I grant permission for the treatment of my child by a physician available nearby the program location. 3. Three-Flavors Kids' Club reserves the right to decide unilaterally to dismiss any child whose conduct is deemed as negative influence to other children. Any such disciplinary decision will be made in accordance with our program procedure. 4. I/We give Three-Flavors Kids' Club permission to use our child's photographs which are taken during activities and events for club promotional use. 			
Parent/Guardian Signature:		Date:	
Office		Remarks:	
Student ID			



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PAYMENT INFORMATION

1. Monthly post dated cheques are required for the months requested.
2. Please make cheques payable to "Three-Flavors Kids' Club".
3. Fee:

Monthly \$ 290

Note:

- (1) Free snack are included.
- (2) Fee is applied to all months whether there are P.A. Days or holidays in the month.

SUBMIT FORM

4. Please submit your registration form at our program location in the following time:

Address: Langstaff Community Center, Tollgate B

155 Red Maple Rd, Richmond Hill (Hwy 7 & Yonge)

Time: Monday – Friday 3:00PM to 6:00PM