



Family name:		
Address:		
City	Postal Code	
Mother's Name:	BEST (1st) contact telephone	Cell:
Father's Name:	Home telephone:	Cell:
E-mail: This is now MANDATORY : Please print clearly.		

HEALTH/MEDICAL Concerns

Please list any allergies/conditions activity instructors should be made aware of, regardless of whether Roslyn School has already been informed.

I, the undersigned, understand and agree that the coaches, instructors, employees and agents of the Activities Program will not be held responsible for any accidents, injury or loss, however caused, and hereby release each of them from all claims and damages which may arise as a result of participation in the program. I am also aware that there is a fine if I am late to collect my child from an after-school activity.

Parent/Guardian : _____ (signature required) Date: _____

Important: If your child will be attending any After School Activities, please complete this information.

My child will be picked up by: (after school programs only)	<i>print name of person</i>
Emergency contact/relationship to your child:	<i>Phone number</i>
My child has permission to leave on his/her own at the end of the after-school activity:	<i>Parent signature</i>

Registration Night Information:

Select your courses from the Master Activity List and complete the details on the registration form. Please be sure to provide ALL information requested along with the BEST contact number should it be necessary to contact you. We also require your email so that you can be notified of any changes to the program and/or cancelation of classes.

You are required to pay your Home and School membership for the 2017-18 school year (\$20.00/family) in order to gain access to the activities program.

Once the Home and School fees have been paid you may proceed to the registration table and present your choices to the volunteer. Where places are available, you will receive a label for each course requested. Once you have received the label(s), present this form at the cashiers' table for payment. Please remember that due to limited space in some courses, we ask that you register for YOUR FAMILY ONLY! **You are required to fill out one form per child.**

NOTE: Please make your cheque payable to "ROSLYN SCHOOL ACTIVITIES". Be sure to indicate your child's name and room number in the memo field of the cheque. Please verify the date on your cheque.

If the **total** cost of your activities is MORE than \$300.00 you may write two checks for equal amounts dated (**September 14, 2017 and the second for January 8, 2018**)

Should you have any need for financial assistance please contact Debbi Jardine directly at 514-815-4412 or at jardine.debbi@gmail.com



**Activities Program
Roslyn School**

**REGISTRATION FORM
Fall & Winter 2017/2018**

Family name:		
Address:		
Tax receipt (if applicable) should be issued to: <input type="checkbox"/> Mother <input type="checkbox"/> Father		
Mother's Name:	BEST (1 st) contact telephone:	Cell:
Father's Name:	EMERGENCY contact telephone:	Cell:
E-mail: This is MANDATORY: Please print clearly.		

Name of Activity	Child's Name	Grade	Room #	Fee
				\$
				\$
				\$
				\$
				\$

Please make cheques payable to **Roslyn School Activities.**

PAYMENT DETAILS - FOR OFFICE USE ONLY

Cash Received: September 14th 2017	Cash Payment	
Cheque Dated: September 14th, 2017	Cheque Amount	
Post Dated Cheque: January 8th, 2018	Cheque Amount	
	Total Amount Paid	

Processed By: _____