

Learning with Moms



REGISTRATION FORM

Student Information

Child Information- First Name, Last Name		Sex	Age
#1:		F/M	
#2:		F/M	
#3:		F/M	
#4:		F/M	
Parent or Guidance's information			
Name(First/Last):		F/M	
Home Address:			
Home Phone #:		Cell Phone #:	
Work Phone #:		Email:	
Preferred Contact Method: Phone/Email		Relationship:	
Emergency Contact:			

Course Registration

Course Name	Start Date	Total Weeks	# of Additional Siblings*	Total Tuition
			Sub - Total	
			HST – 13%	
Total				\$

* Siblings register in the same course will receive a 50% discount. (excluding Musikgarten)

* All tuition must be paid full before the first class of the course.

Payment Method

Cheque of money order made payable to "Learning With Moms Inc."

Cash (in person only)

ALL STUDENTS/PARENTS/GUARDIANS must read the following statement and sign below

The undersigned acknowledges having read and understood the registration and payment policies of Learning With Moms and agrees to be bound by such policies. If the student is under the age of 18, this must be signed by a parent or legal guardian.

Indemnification, Waiver and Release: In consideration for my participation, or my child's participation Learning With Moms classes to be operated at various sites and facilities, I/we agree to:

1. Assume all risk of injury to me or my child, to all risk of damage or loss of property arising out of my own or my child's participation in this program.
2. Release, discharge and waive any and all responsibility of Learning With Moms, its agents, partners, staff or representatives, from and against liability for any injury, including death, and for damage or loss to property which may be suffered by my child or arising out of, or in any way connected with, participation in this program.
3. Indemnify and hold harmless Learning With Moms its agents, partners, staff or representatives, against all liability, claims, demands, actions, loss and damage arising out of my child's participation in said program.

I hereby states that my/our child is in good health and is able to participate fully in this movement program. I/we hereby authorize that Learning With Moms, its agents, partners, staff or representatives may provide ice or bandages in emergency and to contact the child's physician should an emergency situation arise.

Signature

Date