

Registration Form for After School Programs – Winter & Spring 2008

Student Name: (Last) _____ (First) _____ Date of Birth ____/____/____

Class: _____ Tel. _____

Put a check mark in the box beside the sessions and programs you would like to register for.

AIKIDO – Toddler	MONDAYS	
YOGA – Toddler	MONDAYS	
DANCE – Ages 3 and up	MONDAYS	
SCIENCE/COOKING – All levels	TUESDAYS	
ART – Ages 3 and up	TUESDAYS	
ADULT YOGA	TUESDAYS	
POTTERY - PARENT & TODDLER	WEDNESDAYS	
AIKIDO – Ages 3 and up	WEDNESDAYS	
ADULT AIKIDO	WEDNESDAYS	
SWIMMING – Ages 3 and up	THURSDAYS	
ART - TODDLER	THURSDAYS	
GYMNASTICS – Ages 3 and up	FRIDAYS	
TODDLER SPORTS – soccer, badminton, baseball, etc.	FRIDAYS	

SESSION	START	END	
Winter 1 Session	26.11.07	08.02.08	<input type="checkbox"/>
Winter 2 Session	11.02.08	18.04.08	<input type="checkbox"/>
Spring Session	21.04.08	20.06.08	<input type="checkbox"/>

INDIVIDUAL MUSIC LESSON – Ages 3 and up
(Scheduled on an Individual Basis)

PIANO _____
GUITAR _____
PERCUSSION _____
OTHER _____

Rates for students in **REGULAR FULL DAY OR HALF DAY**

PROGRAM RATES	ALL AFTER SCHOOL PROGRAMS FOR CHILDREN REGISTERED IN REGULAR FULL DAY OR HALF DAY	1 AFTER SCHOOL PROGRAM FOR CHILDREN REGISTERED IN REGULAR FULL DAY OR HALF DAY
1 SESSION (payable 2 weeks before program starts)	\$800.00	\$140.00
3 SESSIONS (Winter 1, Winter 2, Spring)	\$2400.00	\$420.00

Rates for children registered in **EXTENDED FULL DAY**

PROGRAM RATES	ALL AFTER SCHOOL PROGRAMS FOR CHILDREN REGISTERED IN EXTENDED FULL DAY	1 DAY AFTER SCHOOL PROGRAMS FOR CHILDREN REGISTERED IN EXTENDED FULL DAY AND ADULT CLASSES
1 SESSION (payable 2 weeks before program starts)	\$400.00	\$70.00
3 SESSIONS (Winter 1, Winter 2, Spring)	\$1200.00	\$210.00

I agree to the payment of the fees for the after school programs selected for my child.

Signature: _____

Date: _____

Total Payment Enclosed \$ _____

...../OVER

Agreement and Release of Liability

I hereby agree to the following conditions on behalf of my child or on my own behalf.

1. I do hereby declare my child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent his/her participation. I acknowledge that he/she has either had a physical examination and been given a physician's permission to participate, or that I have decided to allow him/her to participate in activities and use equipment without the approval of a physician and do hereby assume all responsibility for his/her participation in the activities.
2. I understand and I am aware that strength training, flexibility and aerobic exercise are potentially hazardous activities. I understand that fitness activities involve a risk of injury and that I am allowing my child to participating in these activities with knowledge of the dangers involved.
3. In consideration of being allowed to participate in the activities and programs of Tiny Tots Montessori Inc. – doing business as Canadian Montessori Academy (here after referred to as the school) and use of its facilities and equipment, I do hereby waive, release and forever discharge the school and the officers, agents, employees, representatives, executors and all other school representatives from any and all responsibilities or liabilities from injuries or damages arising out of or connected with my child's attendance at the school, his/her participation in all activities, his/her use of equipment or any act of omission, including negligence by the schools representatives.

Date: _____

Signature: _____



In order to help us to divide the participants in your Aquatic program please answer the following questions to the best of your ability.

Name: _____ Grade: _____

If you have taken swim lessons please indicate the level "completed". _____

If you have not taken lessons before or it has been quite sometime since your last set of formal lessons, please answer the following:

- | | | |
|--|-----|----|
| 1. Are you afraid of the water? | Yes | No |
| 2. Are you a non-swimmer? | Yes | No |
| 3. Are you comfortable going under the water? | Yes | No |
| 4. Can you float on your back unassisted? | Yes | No |
| 5. Can you swim one length of the pool (25m) unassisted? | Yes | No |
| 6. Are you comfortable in the deep water? | Yes | No |
| 7. Have you ever participated in our Survival Package? | Yes | No |

If you have not taken swimming lessons before we recommend that you come to an open swim and have a life guard evaluate your swimming abilities so you get placed in the correct class.

Comments? Things we should know about your child? (behavioural, medical, etc)
