

Makery After School Program, 2016



Participant/Maker:

Name _____ Age ____ Gender ____ Grade _____
Date of Birth (MM/DD/YY) _____ School _____
Street _____ City _____ Province: _____ Postal Code: _____
 I live in the Town of Kentville I live outside the Town of Kentville
Provincial Health Card number: _____ Expiry: _____

Makery Program Details:

Participants must register for this program at Town Hall (354 Main Street). Participants are either picked up at KCA by the Lakery Leader, or are dropped off at the Makery (125 Park Street) at 3:00 pm. Participants must be picked up by 5:00pm.

Kentville Parks and Recreation Fee Structure (8 week program):

Kentville Parks and Recreation would like to provide financial support for children and families who are unable to afford the full cost of participation in our programs. Our department has a voluntary tiered registration fee: families can choose the amount they feel they are able to pay for their child. Please select a level that is reasonable for your family:

\$80 (recommended) \$70 \$90 (funds above \$80 help ensure everyone can play*)

Payment Type- I wish to pay the amount indicated above using the following method:

Cheque (enclosed)* Cash Debit (available at Town Hall during working hours)

*Please make cheques payable to **Town of Kentville**.

Guardian(s): Contact Information:

Guardian 1 Name: _____ Relationship: _____
Home Telephone () _____ Business Telephone () _____
Cellular Telephone () _____ Email: _____

Guardian 2 Name: _____ Relationship: _____
Home Telephone () _____ Business Telephone () _____
Cellular Telephone () _____ Email: _____

Please list any allergies, relevant medical information, disability or behavioral issues your child may have:

Emergency Contact Information:

Please provide the name and phone number of a person who may be contacted in an emergency, in the event that staff are unable to reach a parent or guardian.

Emergency contact: _____ Phone: _____
Family Doctor's Name _____ Phone: _____

Please provide the names and relation of individuals that have permission to pick up your child.

Name: _____ Relation: _____, Name: _____ Relation: _____,
Name: _____ Relation: _____, Name: _____ Relation: _____,

*Parks and Recreation Department Vision:

To foster a creative, progressive and inclusive community, where everyone belongs and everybody gets to play.

Maker Information:

We endeavour to make our programs safe and enjoyable, inclusive and beneficial to all participants. The information you provide here will help us in achieving these goals. Please be as specific as possible.

What are your own and your child's hopes and/or concerns about his/her participation in this program? Is there anything special you would like us to know? What would you like to make?

Describe any allergy, medical, behavioral, learning, developmental, dietary, and/or social-emotional needs of the participant. Please provide as much detail as possible; this helps our staff to be better prepared to meet the child's needs. Attach additional sheets if required.

Please describe any circumstances that may create barriers to your child's participation that we may be able to help overcome.

Terms and Conditions:

- Registration is not complete unless payment is made in full, or a post-dated cheque has been received and the registration form completed and the waiver form signed.
- The Town applies a charge of \$20.00 to any cheques returned NSF.
- Each child must be registered and paid for on the first day of each week.

Photo Release:

I give permission for my child's picture to be taken and that photos of my child participating in Kentville Recreational Programs may be used in the future for promotional materials. Yes ___ No ___

I give permission for my child to walk or bike home after this program (5:00 pm) Yes ___ No ___

Signature: _____

Release of Liability

I understand that although safety and creativity will be a priority, parts of the program may be physically or emotionally challenging. I recognize the inherent risk of injury in recreation activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release the Town of Kentville and its staff members from all liability for any injury to my child from participating in the after school program activities. The Town of Kentville has the right to remove any child if the child has proven to be a hindrance to the safety and/or operation of the program. To the best of my knowledge the participant is in good physical condition (except as noted previously) and capable of participating in an active program. Authority is granted for him/her to receive emergency medical treatment as deemed appropriate.

Refund Policy: There will be an administration fee of \$10.00 for each cancellation and/or refund processed by the Town of Kentville. Refunds will only be provided if 1 full day (24 hours) notice is provided. Refunds must be requested through the Kentville Parks and Recreation Department and take 7-14 days to be processed. Refunds will only be issued to persons named on the registration form, and will be given in the form of a cheque.

Signature of Parent/Guardian

Date