



**CLASS'S NAME:** \_\_\_\_\_  
 (ex : Afterschool Art Program Class A - Tuesday)

**CHILD'S NAME:** \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (D M Y)  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
 School: \_\_\_\_\_ **Pod:** \_\_\_\_\_

<b>Mother:</b> _____	<b>Father:</b> _____
Work Place: _____	Work Place: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____

**Alternate Contact/Pick-Up**

Alternate contact(s) for pick-up or emergency/Relationship/Phone Number  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Photo Release – I do/do not** give consent for my child to be photographed at Rainbow Art School. Photos may be used for promotional materials, advertising, and posters.

Does your child have allergies? No \_\_\_\_ Yes \_\_\_\_ Please explain: \_\_\_\_\_  
 \_\_\_\_\_

In case of emergency, I give permission for treatment by a qualified doctor or any person qualified to give emergency treatment, I release Rainbow Art School from any liability for injury that may arise or be occasioned thereof.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 MCP#: \_\_\_\_\_

In order to provide your child with the best learning environment possible, it is necessary for us to be aware if your child has been/will be referred to a specialist for speech language, behavioural, social/emotional, or academic concerns \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else we should be aware of to help make your child's day run smooth?  
 \_\_\_\_\_

How did you hear about our programs? \_\_\_\_\_

Parent Signature: _____	Date: _____
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