

JUNIOR BLUES REGISTRATION FORM (1 PER CHILD)

MAIN PARENT/GUARDIAN CONTACT INFO:

Last Name:	First Name:
Address:	
	Postal Code:
City:	Daytime Phone: ()
Home Phone: ()	Alternate Phone:
Family Email:	

SECOND PARENT/GUARDIAN CONTACT INFO (OPTIONAL):

Last Name:	First Name:
Address:	
	Postal Code:
City:	Daytime Phone: ()
Home Phone: ()	Alternate Phone: ()

CHILD'S INFO:

Child's Name	Birth Date MM / DD / Year	Gender
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COURSE SELECTION (Include alternate choices if applicable):

Course Name	Fee	Total

MEDICAL AND EMERGENCY INFORMATION:

Any medical concerns or information of which we should be aware?

EMERGENCY CONTACT INFO (Other than parent or guardian):

Contact Name	Phone	Relationship

Junior Blues strives to make our programs an enjoyable experience for all children. In order to facilitate learning and enjoyment for all participants, children should be developmentally able to participate in the full experience with minimal adaptations. We have some ability to facilitate the inclusion of a support worker/inclusion aide in programming. We regret that if abilities are not disclosed at the time of registration, our ability to facilitate assistance will be limited.

My child requires support to participate in a group setting due to their physical, mental or emotional development Yes* / No

*A member of the Child & Youth team will contact you for further information.

