

FAMILY REGISTRATION FORM

Registration Information Frequency of Care

Please indicate the days of care you will require below.

Mon Tues Wed Thurs Fri

Type of Care

After School Pre-school Saturday Class P.A. Day

Other Date: _____ Time : _____

Pick Up Service

Drop In (School to Centre) _____

Drop Off (Centre to Home) _____

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents)

Email: _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents)

Email: _____

Child Information

1st Child F First Name: _____ M.I. _____ Last Name: _____

孩子中文姓名: _____ Age 年歲: _____

School Name: _____ Grade/Class: _____

第一語言 first language: _____ 其他語言 other language: _____

Gender: [] Male [] Female Date of Birth: _____ Child's Health Card #: _____

List any existing medical conditions, medication and/or special attention your child may require?

列出您孩子特別病歷，藥物和/或特別注意事項?

Allergies 過敏: _____

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Child Information - Continued

醫生資料---

Doctor's Name _____ Phone: () _____

Address: _____

How Did You Hear About Us?

你如何認識我們?

Please, check all that apply. Family Friends Wechat Facebook Poster
 Banner Social Media Consents Online Advertising Community Events Other

Consents

- Yes I give permission for my child to be included in any photographs taken while attending LWH. The photographs may be used for display in the Centre and for outside or
 No community LWH promotional displays.

Emergency Contacts & Authorized Pickup Persons 緊急聯繫人和授權人員:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

[] Able to pick up all children in the family

[] Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

[] Able to pick up all children in the family

[] Not able to pick up the following children: _____

Tuition / Payment Information 學費/付款信息:

Current Tuition Amount: \$ _____ [] Monthly [] Other _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?
有沒有其他有助於我們的管理和教學人員的資訊?

Signature:

Parent's Signature: _____ Date: _____

Thank You!

FAMILY REGISTRATION FORM

PARENT AUTHORIZATION 家長授權書

Please read carefully and sign at the bottom.

1. I hereby give permission for my child to participate in all programs and receive emergency treatment, if necessary.
2. I acknowledge that classes may be canceled or altered according to enrolment situation. Fees will be fully refunded.
3. A 30% Administration Fee will be charged for withdrawal from a program. Written notification and the Official Receipt must be received by the office prior to the start of the program. No refunds after A program commences. All requests for cancellation/refund must be made in writing (email, fax or regular mail).
4. I understand that individual and group pictures will be taken anytime during the program and/or special events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web-page, PowerPoint, etc.) in highlighting the event.
5. I acknowledge that this child care program is not license by the Government of Ontario.
6. I have read and understand this Consent Form and agree to its terms knowingly and voluntarily. I release The Little White House Learning Centre(TLWH), their directors, teachers and staff from any and all liabilities and waive all claims against them.
7. Refunds cannot be granted for occasional sickness/personal circumstances. Students may transfer their credit to other weeks within 3 months. All transfer requests must be made in writing (email, fax or regular mail) and be accepted by TLWH 2 weeks before the Alternate camp session starts.
8. Please contact us before 7am in case of emergency (e.g. fever). A sick note/ certificate is to be provided by parents. Credit for that day maybe transferred to any program within 3 months. Credits cannot be transferred to other family.
9. TLWH reserves the right to make amendments to the above Noted regulation as necessary.

在簽署前請小心閱讀

1. 本人准許敝子弟參與貴中心所提供之一切活動，並於緊急情況時接受治療。
2. 本人得悉課程或會因著報名情況而被取消，所有學費將會全數退回。
3. 本人得悉並接受敝子弟因任何原因而需要退學，必須在開課前帶回正式收據辦理退學手續，並需要繳交學費 30% 的手續費，也得在開課後所有費用不能發還。所有取消/退款請求必須以書面形式（電子郵件，傳真或普通郵件）提出。
4. 本人允許貴中心使用在課程中一切拍攝的相片和影片作一切宣傳之用（如網頁、報章、傳單等）。
5. 本人得悉貴中心的學前班課程並未申請安省教育牌照。
6. 本人願意豁免小白屋教育中心所有董事局成員、導師和職員於意外上的一切責任。
7. 疾病/個人情況，學生可以將其補課轉到其他星期，並於三個月內進行補課。所有補課請必須以書面形式提出（電子郵件，傳真或普通郵件），並在課程開始兩週前申請。
8. 緊急事故（如發燒，緊急事假）請於當天早上七點前告知本中心職員，並提供醫生證明。必須三個月內進行補課。
9. 小白屋教育中心保留修訂及更改以上守則之權利。

Child' Name 學童姓名 _____ Parent/Guardian Signature 家長/監護人簽署 _____

Date 日期 _____ Parent/Guardian Name 家長/監護人姓名 _____