

Museum Registration Form For **CHILDREN'S** Workshops



Note: Each participant must have their own registration form!

Fax: 905-727-1282

Part A: Family and Participant Information – Please print clearly.

Adult / Parent /

Guardian's Family Name: _____

First Name: _____

Address: _____ Apt/ Unit #: _____

Town: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone: _____

Business Phone Number: _____ Email: _____

Participant's Family Name (if different from family information):

First Name: _____

Participant's Birth Date: _____ (MM/DD/YY)

Mother's Name: _____

Business phone: _____

Cell phone: _____

Father's Name: _____

Business phone: _____

Cell phone: _____

Part B: Program Selection

1st choice:

Workshop Name	Location	Day	Time	Fee
_____	_____	_____	_____	_____

2nd choice:

Workshop Name	Location	Day	Time	Fee
_____	_____	_____	_____	_____

Note: If program is full, participant will be wait listed. Submission of this form does not guarantee placement in a program. If you have not received confirmation one week prior to the start of the program, please call 905-727-8954 or 1-888-290-0337.

Part C: Emergency/ Medical Information

Emergency Contact Name/ relationship: _____

Emergency Contact Phone: _____

Family Doctor's Name: _____

Doctor's Phone Number: _____

Are there any medical information (i.e. food allergies) or special needs you would like us to know about? Yes No

Details: _____

Is the condition life threatening if untreated? Yes No

Part D: Payment Options (Museum members take 20% discount)

Check payment type:

- Cash
- Cheque (payable to the Whitchurch-Stouffville Museum)
- Master Card
- Visa

Card Number: _____

Expiry Date: _____

Amount to be charged \$ _____

Card Holder Name (please print): _____

Signature: _____

"I hereby release the Corporation of the Town of Whitchurch-Stouffville from all claims for damages arising from any accident or injury which are caused by or arise from participation to the applicants named above, during any program or in any facility or at any location."

"I hereby give permission to have staff arrange any emergency medical care including transportation if necessary. The participant is responsible for his/her own medical coverage."

Signature

Personal information is collected pursuant to the Municipal Act and will only be used to process your application. The Town of Whitchurch-Stouffville reserves the right to use photographs of programs for promotional purposes.

Drop off or mail completed form and payment to:
The Whitchurch-Stouffville Museum, 14732 Woodbine Avenue, Gormley, Ontario, L0H 1G0

OR

Fax completed form and credit card payment information to 905-727-1282