



Mwanamke Mwema

GIRLS ONLY PROGRAM

Registration Form

Child's Name: _____

Birthyear & Grade: _____

Health Card #: _____

School Attending: _____

Registration Fees are non-refundable. Registration is on a first come, first served basis with completed forms and registration fees paid.

PARENT/GUARDIAN (Primary)

Name:

Address:

Cell Phone #:

Home Phone #:

Work Phone #:

Email:

PARENT/GUARDIAN (Secondary)

Name:

Address:

Cell Phone #:

Home Phone #:

Work Phone #:

Email:

EMERGENCY CONTACTS

These will be the people who can pick up your child or who will be called if a Parent/Guardian cannot be reached in an emergency. These contacts **MUST** be different than Parents/Guardians. I

_____ (parent/guardian) give permission to the following individuals to act as parent designates to pick up my child(ren) from volunteers/facilitators of MM Girls Program. I have informed these individuals that they must present government issued photo ID or that they must present a password each time they come to pick up my child(ren). I understand that in case of an emergency, I will be the first one called. However, I also give my permission to

Fax: 647-345-4111 | Email: muslichiyat@gmail.com | www.muslichiyat.wordpress.com/mwamke-mwema



Mwanamke Mwema

GIRLS ONLY PROGRAM

MM Program to contact the following individuals AFTER contact has failed with parent designates on the front page of this registration forms.

Your children will not be allowed to leave the premises with anyone not listed below. You can remove or add people to this list at any time using a written or verbal consent.

Primary Emergency Contact

First & Last Name: _____

Relationship to Child: _____

Home Phone #: _____

Cell/Other #: _____

Secondary Emergency Contact

First & Last Name: _____

Relationship to Child: _____

Home Phone #: _____

Cell/Other #: _____

*Please Note: Everyone picking up children may be asked for your release password or for government issued photo ID.

RELEASE PASSWORD: _____

_____/2020

Signature & Name (printed)

Date

MEDICAL INFORMATION

Health Card #: _____

Family Doctor: _____ Phone Number: _____

Does your child have any of the following conditions?

ADD ADHD FAS Autism Other disorders: _____

Fax: 647-345-4111 | Email: muslichiyat@gmail.com |
www.muslichiyat.wordpress.com/mwamke-mwema



Mwanamke Mwema

GIRLS ONLY PROGRAM

Allergies: Seasonal: _____ Food: _____ Insects: _____

Other: _____

Does your child carry: Epi-pen Inhaler Other: _____

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

The following information is collected and used solely, on an anonymous basis, for granting and organizational purposes only:

Ethnicity: Caucasian African Canadian Arab Other: _____

Status: New to Canada (lived in Canada for 5 years or less) Citizen Other: _____

Language(s) Spoken: _____

Family: Mother & Father Mother Father Guardian _____

Age Group: 9 – 12 years 14 years & over

ACKNOWLEDGEMENT

The above-named child has my permission to participate in program activities as planned by the MM Program that I have registered my child in. I waive my legal rights against MM Program for any loss, injury or damage suffered during or by reason of participating in all events, programs and activities scheduled while my child is in the program inside/outside the venue. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred during the program.

Parent/Guardian Signature

Date



Mwanamke Mwema

GIRLS ONLY PROGRAM

MEDIA RELEASE

I, _____ (Parent/Guardian) give permission for my child _____ to appear in photographs, video and/or audio that may be used in the promotional materials of MM Program. My child's image may be published or used in newspapers, promotional videos, news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes. No names will ever be used in association with a child's image without written permission of the parent/guardian. By my signature as parent/guardian for _____ (child) I give permission to MM Program to use any image taken during the program for any of the purposes as described above.

Parent/Guardian Name (printed) and Signature

Date

Please provide an email address for receiving invoices (all invoices are emailed only) & receipts.

Email Address: _____

Parent/Guardian Name (printed) and Signature

Date

It is your responsibility to notify and to provide MM Program with any changes.