# [Neighbourhood] Children’s Class Registration Form

**Teacher(s):**

**Location, day and time:**

**Grade:**

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| --- | --- | --- | --- | --- |
| Child’s Name | Age | Address | Parent Name and Number | Parent Signature \*(please read agreement below) |
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**\* Parent agreement:** In case of emergency, where it is impracticable to communicate with me/us, I give permission for the teacher/animator to seek medical treatment for my child and agree to take responsibility for any expenses incurred. Parents will be contacted as soon as possible.

**Privacy Statement:** The personal information provided on this form will be used and disclosed for purposes related to the administration of the children’s class, and in accordance with National Privacy Principles.