

**Westdale Children's School
Parent & Child Program Registration Form**

Spring Session: 10 weeks, March 26 to May 28th, 2024

Day and time: Tuesdays from 9:15 to 11:15 a.m. (2 hours)

Fee: \$190 per child per session

Registration in advance is required. This program session is contingent on sufficient numbers for enrollment. You will receive a confirmation email ahead of the first class.

Please note that this is not a drop-off program, and any attending parents/guardians are always responsible for the safety and care of their child(ren).

Child's Information

Child's Full Name: _____ Date of Birth: _____

Child's Full Address: _____

Child's Full Name: _____ Date of Birth: _____

Child's Full Address: _____

Parent's/Guardian's Information

Parent's/Guardian's Full Name: _____ Relationship to Child: _____

Email*: _____

Home Phone: _____ Work/Cell: _____

Parent's/Guardian's Full Name: _____ Relationship to Child: _____

Email*: _____

Home Phone: _____ Work/Cell: _____

*To receive announcements and notices from Westdale Children's School

Does your child or anyone in your family have a medical/dietary condition that we should be aware of (e.g. food or insect allergies, asthma, dietary restrictions, etc.)?

YES NO If you answered YES, please give details below:

Is your child on any medications?

YES NO If you answered YES, please give details below:

Photography Consent

Westdale Children's School proudly posts photos on our website, Instagram, and Facebook. This is a great way to share the fun and exciting activities the children are engaged in and promote upcoming events and news. We understand everyone has views about sharing on social media, and we aim to respect and honour everyone's preferences.

Please check YES or NO.

I consent to pictures being taken of my child: YES NO

If **YES**, please check the following:

I agree to images of my child being posted on WCS's social media platforms: YES NO

Do you have any conditions regarding posting photos of your child? YES NO

If **YES**, choose any applicable conditions from the list below:

I consent to have pictures of my child posted if they do not show their face: YES NO

I agree to having my child's profile shown in posted pictures: YES NO

I agree to have photographs posted if they show my child from the back: YES NO

Other (please be as specific as possible):

Please complete this **Registration Form in full**
and email it to: childrensschoolinwestdale@gmail.com

Or deliver it to:

Westdale Children's School
2 Bond Street North (St. Cuthbert's Presbyterian Church),
Hamilton, Ontario L8S 3W1

Spaces will be allocated based on the order of receipt of completed forms with **full payment of \$190.00 or a non-refundable deposit of \$20**

Program fees are non-refundable after the first day unless a parent on the waiting list can fill the vacant space. Refunds, if applicable, are pro-rated according to the remaining balance for the program.

E-transfer payments can be made to info@westdalechildrensschool.org

With this form, I have enclosed/e-transferred a non-refundable deposit the full session
payment of \$ _____

Parent's/Guardian's signature: _____ Date: _____

Thank you for your registration.
We look forward to getting to know you and your child(ren)!