



Children's Computer Program

Registration Form

CHILD/APPLICANT SECTION – PLEASE COMPLETE			
Last Name	First Name	Name Used	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			Age DOB yy/mm/dd
PARENT/GUARDIAN SECTION – PLEASE COMPLETE			
Parent 1/Guardian 1 - Full Name		Parent 1/Guardian 1 – Contact Info Home: Business: Cell Email:	
Parent 2/Guardian 2 - Full Name		Parent 2/Guardian 2 – Contact Info Home: Business: Cell: Email:	
Address if different than child's			
Alternate emergency contact name		Telephone Number	
Who can pick up your child? (As a reminder: Parental authority must be in writing for pick up)			
#1 _____			
#2 _____			
Has your child been diagnosed with a specific learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please describe his/her learning barrier: _____ _____			

atn Children's Computer Program

REGISTRATION FORM – PAGE 2

REGISTRANT'S FIRST NAME:

LAST NAME:

MEDICAL INFORMATION (REQUIRED)

Health Card Number:

Name of family Doctor:

Telephone #:

Does your child require special medical attention? (i.e. medication)

If yes, please provide details:

Does your child have difficulties that may require some program adaptations?

Yes No

I require a consultation with the instructor regarding elements of my child's participation.

Yes No

ALLERGIES:

Does your child carry an epi-pen? Yes No

Please list any allergies your child has and the severity of the reaction:

DIETARY REQUIREMENTS:

Please explain:

atn Children's Computer Program

REGISTRATION FORM – PAGE 3

REGISTRANT'S FIRST NAME:

LAST NAME:

Terms of Program

PARTICIPANT'S COMMITMENT: I want to join ATN's six week computer program. I will do my best to make this a good experience for myself and my fellow participants. I understand that failure to live up to this promise might result in my dismissal from the program.

PARENT/GUARDIAN'S COMMITMENT: I have discussed the participant's and the Parent/Guardian's commitment with my child and confirm that he/she agrees to participate in the full program, to follow safety instructions and/or refrain from behaviour that is harmful to oneself or to others. I understand that, within reason, failure to do so might be a cause for dismissal from the program.

Participant's Signature _____

Parent/Guardian Signature _____

MEDICATION: If it will be necessary for your child to take prescription medication during the program, the parent/guardian and the physician must complete the form "Authorization for the Administration of Prescription Medication". It must be forwarded to the coordinator of the program prior to the administration of medication.

AUTHORIZATION: In permitting my child to attend ATN's Children's Computer Program, I, the undersigned permit my child to participate in the full range of activities and authorize the program instructor or his/her appointee, in the event of accident or illness affecting this above named participant to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the said participant. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that ATN is not responsible for the cost of medical care or ambulance.

Date: _____ Parent/Guardian Signature: _____