



REGISTRATION FORM

Child's Name:

Address

Phone Number:

Birth Date:

Sex: M/F

Child's Knowledge of Ukrainian

Class Attending – Wednesday, Friday, Both, Other (explain)

Teacher Alert: (speech or comprehension difficulties, shyness, etc)

CONTACT INFORMATION

Primary Contact – Full Name, Relation, email, cell phone, work phone, best method of contact

Second Contact– Full Name, Relation, email, cell phone, work phone, best method of contact

Third Contact– Full Name, Relation, email, cell phone, work phone, best method of contact

MEDICAL INFORMATION:

Doctor, Doctor's phone number, Medical Alert (allergies, health concerns, medical req'ts, etc)

Parent or Designate Assistance

There is a volunteer teacher assistant required during each class (for example, to take a child to the bathroom). To cover this duty, parents must take a turn, or you might arrange for a grandparent or other family member to help.

Please indicate who will be the teacher assistant(s) for your family:

Sadochok also needs volunteers to bring food to special events, to help with Mosaic, to participate as a member of the Board (executive or member at large)

Please indicate how your family can assist:

PRIVACY NOTICE

Parents signing below acknowledge and consent to Sadochok:

- Providing lists of its students to sponsoring agencies to providing grants, thereby enabling Sadochok to be offered at a moderate cost
- Posting photos of Sadochok students on its web site (www.SadochokRegina.ca), or using them in its advertising, promotional materials, or other materials distributed to the children, parents, teacher, board members, and volunteers.

I agree with the Privacy Notice
(typed or written signature with date)

NOTE: If this form is submitted electronically your email address will be considered as an electronic signature and your agreement with the Privacy Notice.