



SOCIAL GROUP REGISTRATION
 (All information will be treated confidentially.)

Date:			
Child's Full Name:			
Birthdate:	Day:	Month:	Year:

I would like to enroll my child in the following Social Group:

- Chatterbox Early Learners Group (Ages 2-5 years)**
 6 week program \$300.00
 Mondays, Time TBD

- Junior Social Group (Ages 6 – 9 years)**
 6 week program \$300.00
 Wednesdays 4:00pm – 5:00pm

- Senior Social Group (Ages 10 – 13 years)**
 6 week program \$300.00
 Fridays 4:00pm – 5:00pm

Parent/Guardian/Caregiver 1		
Full Name:		
Relationship to child:		
Primary Phone No.:		
Work Phone No.:		
Email Address:		
Home Address	Street:	
	City:	Postal Code:
Parent/Guardian/Caregiver 2		
Full Name:		
Relationship to child:		
Primary Phone No.:		
Work Phone No.:		
Email Address:		
Home Address	Street:	
	City:	Postal Code:



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Please indicate which parent/guardian should be the **primary contact for information sent out via email** (invoices, updates etc):

Parent/Guardian/Caregiver 1

Parent/Guardian/Caregiver 2

Both

FORMAL DIAGNOSIS

What is/are the specific diagnosis(ese) for the child?

CHILD INFORMATION

Child's Strengths:

Child's Goals:

Items or Activities your child Likes:

Are there any specific things that your child dislikes?



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Toileting:	<input type="checkbox"/> in diapers <input type="checkbox"/> in progress <input type="checkbox"/> trained (some assistance) <input type="checkbox"/> trained (independent)
Speech development:	<input type="checkbox"/> no words <input type="checkbox"/> some words <input type="checkbox"/> speaks in phrases <input type="checkbox"/> speaks in sentences

AUTHORIZED PICKUP PERSON(S) & EMERGENCY CONTACTS

Please list any person(s) (other than Parent/Guardian) you authorize to pick up your child from The Joy of Learning Centre. Place an (X) next to the name(s) you would like us to consider as emergency contacts.

Contact Order	Name	Relationship to Child	Phone #1:	Phone #2:	Emergency Contact? (X)
1st Contact					
2nd Contact					
3rd Contact					

Are there any existing physical challenges, medical conditions, medication and/or special attention that we should be aware of that may interfere with your child’s full participation in the program? (e.g. symptoms indicative of health injuries, operations etc.)

Yes No If yes, please include dates and details: _____



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PARENT/GUARDIAN/CAREGIVER PERMISSIONS

Personal Information:

I, _____, hereby consent to the collection, use and disclosure of my parental/guardian and my child's personal information by the Joy of Learning Centre for the purposes of providing therapy services to my child. I understand that The Joy of Learning Centre protects the privacy of all personal information in its possession in compliance with prevailing Provincial and Federal Privacy Legislation.

Name of Parent/Guardian/Caregiver: _____

Signature of Parent/Guardian/Caregiver: _____

Date: _____

Emergency Medical Treatment:

I, _____, hereby give my permission that in the unlikely case of an emergency, and after all efforts to contact me have been exhausted without success, the physician on duty may hospitalize, secure proper treatment for, order injections, anesthetics or surgery for my child. I also give permission for my child to be transported to the nearest hospital.

Name of Parent/Guardian/Caregiver: _____

Signature of Parent/Guardian/Caregiver: _____

Photo & Video Release (Optional):

I, _____, hereby grant permission for my child to be included in photographs and/or videos while in attendance at The Joy of Learning Centre. I understand that these photos or videos may be used for educational related purposes including newsletters, and displays, as well as promotional materials including the Centre's website, social media accounts, pamphlets and any other marketing materials regarding The Joy of Learning Centre. To ensure confidentiality, I understand that if names are necessary only my child's first name will be used. I hereby waive any claim against Joy of Learning Centre and staff, for any personal or emotional damage which may arise in connection with the use of the material(s). There are no circumstances under which the Joy of Learning Centre will provide or sell personal information to third parties

Name of Parent/Guardian/Caregiver: _____

Signature of Parent/Guardian/Caregiver: _____

Date: _____



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Activity Release

As a condition of enrollment to The Joy of Learning Centre, I grant permission for my child to participate in all daily on-site activities, and I acknowledge the element of risk that is involved in these activities. Therefore, for the same consideration, I hereby release and forever discharge The Joy of Learning Centre and all its employees and student volunteers and all others concerned with The Joy of Learning Centre from any and all liability for any accident or injury which may be suffered or incurred while attending or participating in above mentioned activities including (without limiting the generally or the foregoing) any and all dental and medical bills.

Name of Parent/Guardian/Caregiver/Caregiver: _____

Signature of Parent/Guardian/Caregiver/Caregiver: _____

Date: _____

OPERATIONAL POLICIES

1. Fees are due upon registration and may be payable by e-transfer to accounting@jolc.ca, cheque to The Joy of Learning Centre Inc., or Pre-Authorized Deposit (PAD).
2. Fees are non-refundable and apply regardless of absences or tardiness.
3. If a parent/guardian/caregiver is late picking up their child they are required to notify the Centre immediately. If we are unable to reach you or any of your emergency contacts by 6:00 p.m., the Police will be contacted.
4. If a child becomes ill during the program, temporary care will be provided until a parent/guardian can be contacted and the child taken home.
5. The Joy of Learning Centre reserves the right to refuse entry to the property, to any person who might disturb the learning environment.
6. Children will be released to the care of authorized person(s) listed on the child's Registration Form **only**. If any person(s) are to be added to the list please notify the Centre in writing. All authorized person(s) are required to bring one piece of personal identification.
7. Once you have picked up your child at the end of the program, please note that your child's well-being is now your responsibility. Should you or your child be injured on Park or Centre property, you are responsible.
8. Your child should be dressed in clothing suitable for physical activity, the weather, and the season.
9. Photo & Video Policy: Photos and/or video of students may be used for educational related purposes including classroom bulletin boards, newsletters, and displays, as well as promotional materials including the Centre website, social media, pamphlets and any other marketing materials regarding The Joy of Learning Centre. To ensure confidentiality, no names will be used. Please indicate on the Photo/Video waiver if you would prefer your child not have their photo or video taken.



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10. Privacy Policy: The Joy of Learning Centre protects the privacy of all personal information in its possession in compliance with prevailing Provincial and Federal Privacy Legislation.

I HAVE READ, UNDERSTOOD, AND AGREE TO ABIDE BY ALL POLICES OUTLINED IN THE ABOVE PARENTAL/GUARDIAN/CAREGIVER CONTRACT.

PARENT/GUARDIAN/CAREGIVER SIGNATURE : _____

DATE: _____

DIRECTOR SIGNATURE : _____ DATE : _____