**Panda Preschool Registration**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: F / M / X Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian / Authorized Person #1

Last Name:

First Name:

Home Phone:

Business Phone:

Cell Phone:

Email:

Parent / Guardian / Authorized Person #2

Last Name:

First Name:

Home Phone:

Business Phone:

Cell Phone

Email:

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Number\_\_\_\_\_\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone #­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any injuries and/or medical conditions and/or illnesses, Dietary or allergies?

Yes  No If yes, please list all: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been diagnosed with ADHD, Autism, has Exceptionalities or any similar special needs? This preschool is not equipped or trained as a special needs facility. If yes please contact us to discuss and confirm before paying for your registration. We can sometimes try to accommodate on best effort, case by case basis.

Yes No If yes please list all: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$150 / week inclusive. Excludes PA days and holidays, paid monthly in advance of each month

*Fee must be paid by the first of each upcoming month.*

*Credit card information must be complete and included below for your child’s spot to be confirmed.*

Payment Information: *Charged monthly on or before the first of each month*

MasterCard Visa AMEX Expiry Date (MM/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPATION WAIVER / MEDICAL / MEDIA CONSENT STATEMENT**

I understand as a parent / guardian of a child who is a participant at Panda Preschool at Toronto Kyokushinkai Karate, may participate in martial arts and other sports and activities on the Toronto Kyokushinkai Karate premises as well as at local parklands, playgrounds, the waterfront beach and other outdoor areas. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that Toronto Kyokushinkai Karate, its trustees, officers, directors, employees, agents and independent contractors, shall not be liable for any injury to my child or any loss / damage to my child’s personal property arising from, or in any way resulting from, my child’s participation in these activities.

I understand that the risk of injury from the activities involved in karate and martial arts training are significant, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury still does exist.

I authorize Toronto Kyokushinkai Karate to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

Failure to disclose any medical, special need or other exceptionalities may result in cancellation of preschool registration without refund at the school’s discretion. This could be prior to or during ongoing sessions as the situation may require.

I acknowledge that violent, unsafe or abusive behaviour (verbal or physical) by my child will not be tolerated and could result in cancellation of registration without refund at the schools discretion. This includes hitting, fighting, verbal threats or violent statements. Our program is a non-violence program. This excludes sanctioned and supervised Karate training during Karate classes.

I agree to pick up my child by 12 PM. If I will be late for any reason I will notify the staff at Toronto Kyokushinkai Karate as soon as I can. If I am persistently late (defined as late every week, or late more than 2 consecutive days in a row), I agree to pay an additional late surcharge of $10 minimum for every 1-10 minute period cumulative that I am late. This is to cover staff and facility costs to remain open and available until I arrive to collect my child. (1-10 minutes late = $10 late fee, 11-20 Minutes late = $20 late fee etc.)

I do hereby consent to any reproductions of my child or child’s likeness, or any reproduction of my child’s likeness created in any manner whatsoever, photographed, filmed or videotaped in connection with their attendance at Toronto Kyokushinkai Karate can be used for instruction, publicity, promotion or broadcast and waive any and all compensation in regards thereto.

I certify that the information provided in this registration form is, to my knowledge, true and complete.

I have read and understood the above waiver and consent and confirm that I am the parent or legal guardian of the child mentioned herein who is a minor. I confirm that I have the complete custody, care and control of the minor and have the legal authority to sign this consent and waiver on behalf of the minor and that the consent of no other person or entity is required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent / Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent / Legal Guardian Date MM/DD/YYYY