



Samba Kidz Fall 2009 Program Registration Form

Weekly: Tuesdays October 6, 2009 – December 8, 2009 4:30pm-8:00pm

10-week session: \$250.00 Each additional child per family: \$125.00

**Financial Assistance is Available Upon Request

SAMBA KIDZ'S INFORMATION

First Name: _____ Last Name: _____ Age: _____ Gender: _____
First Name: _____ Last Name: _____ Age: _____ Gender: _____
First Name: _____ Last Name: _____ Age: _____ Gender: _____
First Name: _____ Last Name: _____ Age: _____ Gender: _____
Address: _____ City: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ Home: _____ Work: _____
Cell phone: _____ Email: _____
Parent/Guardian: _____ Home: _____ Work: _____
Cell phone: _____ Email: _____

EMERGENCY CONTACTS

In the event that the parents/guardians cannot be reached, Drum Artz will call the people listed below. People listed should be individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; or 3) give advice about caring for your child.

Name: _____ Relationship to child: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____

List of all persons, other than both parents/guardians authorized to pickup child:

	<u>Name</u>	<u>Phone</u>	<u>Relationship to child</u>
1.	_____	_____	_____
2.	_____	_____	_____

HEALTH INFORMATION

Physician: _____ Phone: _____
Health Card #: _____ Date of last diphtheria/tetanus shot: _____
Medication(s) being taken by child: _____
Physical conditions (allergies, diabetes, etc.): _____

If my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize Drum Artz Canada (DAC) employees or legal representatives to obtain emergency medical care for my child while under DAC's care including transporting or sending my child to an available hospital or physician.

Please return this completed form with payment to Drum Artz Canada at the address below.

If you require financial assistance, please contact Gili or Danielle for more information.

Signature of Parent/Guardian: _____ Date: _____

