

## Mail- in Program Registration Form

***Registrations are accepted on a first-come, first-served basis and are subject to availability.***

**Mail this form to:  
Community Services  
Circle Square Building  
11808 St. Albert Trail  
Edmonton, AB T5L 4G4**

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Daytime Emergency Contact: \_\_\_\_\_ Daytime Emergency Phone: \_\_\_\_\_

May your child have his/her picture taken? \_\_\_\_\_

Who may pick-up your child? \_\_\_\_\_

**PARTICIPANT #1**

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Gender M/F: \_\_\_\_\_

Please indicate any allergies, medications, and/or behavioural problems your child has: \_\_\_\_\_

Will your child carry an EpiPen to the program? \_\_\_\_\_

**PROGRAM REGISTRATION**—Please indicate which programs you would like to register your child in.

CLASS CODE	PROGRAM NAME	DATES	LOCATION	COST

**PARTICIPANT #2**

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Gender M/F: \_\_\_\_\_

Please indicate any allergies, medications, and/or behavioural problems your child has: \_\_\_\_\_

Will your child carry an EpiPen to the program? \_\_\_\_\_

**PROGRAM REGISTRATION**—Please indicate which programs you would like to register your child in.

CLASS CODE	PROGRAM NAME	DATES	LOCATION	COST

**PAYMENT: Program fees are to be paid in full at the time of registration. Participants are not considered registered until payment has been received.** Post-dated cheques will not be accepted. Make cheques/money orders payable to the **City of Edmonton**. Once you are successfully registered, a course confirmation will be mailed to you. Please do not send cash in the mail.

Payment Method:     Cheque     Money Order     Visa     MasterCard

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

***Freedom of Information and Protection of Privacy (FOIP) Statement***

This personal information is being collected under the authority of Section 33(c) of the *FOIP Act* and will be used to administer program registrations. The aggregate data will be used by Community Services for program planning and evaluation. All information collected by the City of Edmonton is protected by the provisions of the *FOIP Act*. If you have any questions about the collection, use or disclosure of your personal information, contact the Program Team Supervisor at (780) 496-2989.