



CORYDON COMMUNITY CENTRE



KIDZ KLUB REGISTRATION FORM 2019-2020

Male Female

Registrant's Name _____

Date of Birth (DD/MM/YYYY) _____

Winnipeg MB

Home Address – Street _____

-

Family Medical #

Personal Medical #

Email Address _____

Postal Code _____

School Attending _____

Grade _____

Parent/Guardian's Name _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Parent/Guardian's Name _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

I prefer to call in my dates on an as-needed-basis (payment must be made at time of registration)

In-Service Dates Sep 16 Oct 25 Nov 22

Sep 2 – Sep 6	<input type="checkbox"/> All	CLOSED	CLOSED	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Sep 9 – Sep 13	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Sep 16 – Sep 20	<input type="checkbox"/> All	INSERVICE	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Sep 23 – Sep 27	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Sep 30 – Oct 4	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Oct 7 – Oct 11	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Oct 14 – Oct 18	<input type="checkbox"/> All	CLOSED	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Oct 21 – Oct 25	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	INSERVICE
Oct 28 – Nov 1	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Nov 4 – Nov 8	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Nov 11 – Nov 15	<input type="checkbox"/> All	CLOSED	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Nov 18 – Nov 22	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	INSERVICE
Nov 25 – Nov 29	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Dec 2 – Dec 6	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Dec 9 – Dec 13	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Dec 16 – Dec 20	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

Additional Dates & Payment Options continued on next page . . .

Important:

Staff members are often picking up children from more than one school. It is essential you advise us no later than 10 am on the scheduled day if your child is unable to attend. This minimizes delays and ensures proper supervision of children while they wait.

Refund Policy:

Credits to account will only be applied if the following cancellation notice is given
-
Regular Days: 24 hrs notice
In-services: 2 wks notice

Please call the RH Site office at 204.488.7000 if your child is unable to attend a scheduled day.

Your cooperation is much appreciated.

SIR JOHN FRANKLIN
1 Sir John Franklin Road
(204) 489-9537

CRESCENTWOOD
1170 Corydon Avenue
(204) 452-9844

RIVER HEIGHTS
1370 Grosvenor Avenue
(204) 488-7000

KIDZ KLUB REGISTRATION FORM 2019-20

Child's Full Name: _____

Kids Klub Registration Selections Continued:

In-Service Dates	<input type="checkbox"/> Jan 31	<input type="checkbox"/> Mar 13	<input type="checkbox"/> Apr 17	<input type="checkbox"/> May 4		
Jan 6 – Jan 10	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Jan 13 – Jan 17	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Jan 20 – Jan 24	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Jan 27 – Jan 31	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	INSERVICE
Feb 3 – Feb 7	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Feb 10 – Feb 14	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Feb 17 – Feb 21	<input type="checkbox"/> All	CLOSED	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Feb 24 – Feb 28	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Mar 2 – Mar 6	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Mar 9 – Mar 13	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	INSERVICE
Mar 16 – Mar 20	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Mar 23 – Mar 27	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Apr 6 – Apr 10	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	CLOSED
Apr 13 – Apr 17	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	INSERVICE
Apr 20 – Apr 24	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
April 27 – May 1	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
May 4 – May 8	<input type="checkbox"/> All	INSERVICE	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
May 11 – May 15	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
May 18 – May 22	<input type="checkbox"/> All	CLOSED	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
May 25 – May 29	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Jun 1 – Jun 5	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Jun 8 – Jun 12	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Jun 15 – Jun 19	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Jun 22 – Jun 26	<input type="checkbox"/> All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Jun 29 – Jul 3	<input type="checkbox"/> All	<input type="checkbox"/> Mon	CLOSED	CLOSED	CLOSED	CLOSED

Winter/Spring Break Camps:

Are your children needing care or just something to do over the Winter and/or Spring Break?

We have daily and weekly options!

Give us a call to register at 204.488.7000

PAYMENT OPTIONS:

Registrations for the month must be paid for on the first day of the month in which they occur. Any credits for cancellations will be applied to the next month's payment/or refunded semi-annually (March & June.)

Visa or MasterCard: Complete page 4 for preauthorized payments and submit with the registration form.

Cheques: Post-dated cheques for the first day of each month must be submitted at time of registration.

Debit/Cash: Must be paid at time of registration for dates registered.

Please direct payment questions to Caitilin O'Connor at 204.488.7000 ext.212.



Emergency Contacts and Pick-up Authorization:

The following people should be contacted in case of medical emergency, only if parent(s) or guardian(s) cannot be reached AND are authorized to pick up the child:

- 1. Name: _____
 Relationship to child: _____
 Phone: (Day) _____
 Phone: (Evening) _____
- 2. Name: _____
 Relationship to child: _____
 Phone: (Day) _____
 Phone: (Evening) _____
- 3. Name: _____
 Relationship to child: _____
 Phone: (Day) _____
 Phone: (Evening) _____

Medical Information:

Does your child have any allergies, restrictions, or difficulties of any kind (i.e. hearing, speech, vision, behavior) that we should be aware of – please be specific:

Consent to collect, use, and disclose personal information:

I understand that, by completing this form, Central Corydon Community Centre is collecting certain personal information about my child, me, and other members of my family (including my Manitoba Health Services Registration Number).

I also understand that this personal information will be used only for the purpose of registering in the Community Centre's Sport/Recreation/Youth Programs, and that such use will necessarily involve the disclosure of this personal information to the appropriate area sport association(s) and/or the appropriate sport umbrella group(s), Coach(es), Manager(s), Staff, and the use of such disclosed personal information by such association(s,) group(s), Coach(es), Manager(s), and Staff as may reasonably be required in order to conduct the Community Centre Sport/Recreational/Youth Programs.

I hereby consent to such collection, use, and disclosure of this personal information.

Signature of Parent and/or Guardian of Registrant

Date

Printed Name: _____

Parent/Guardian Authorization:

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our consent for him/her to participate in the program selected above. I/We understand that Central Corydon Community Centre and/or its instructor(s) will not be held responsible for any accident, injury, or loss, however caused and to agree to release the aforesaid from all claims or damages which may arise as a result of, or by reason of, such accident, injury, loss, or medical expense.

- 1. In the event that my child needs immediate medical attention for injuries received while participating in a Central Corydon Community Centre program, I authorize the staff to give my child reasonable first aid, to arrange transport of my child to a health care facility for emergency services, and to release medical information to medical providers as needed.
- 2. My child has my permission to attend and participate in all Central Corydon Community Centre's Kidz Klub Program Field Trips whether they are walking or being transported by bus.
- 3. I hereby acknowledge that Central Corydon Community Centre will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the Community Centre office that indicates otherwise.
- 4. I hereby release all pictures of my child taken by Central Corydon Community Centre for promotional purposes and programming materials.
- 5. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If Community Centre staff are required to administer and use the epi-pen, I agree to forever release and discharge Central Corydon Community Centre and its directors, officers, and employees from any and all liability arising out of, or resulting from, use or administration of the epi-pen.
- 6. I give my permission for Central Corydon Community Centre to administer sunscreen as needed.

Signature of Parent and/or Guardian of Registrant

Date

Printed Name: _____



CORYDON COMMUNITY CENTRE



Preauthorized Credit Card Payment Authorization Form

I authorize Central Corydon Community Centre (o/a Corydon CC) to charge my credit card identified below, on or around the 1st business day of each month identified in the schedule below, for the amounts and registration/billing detailed below. The entry on my credit card statement will constitute a receipt. The monthly credit card option may be discontinued by Corydon CC or me upon written notice.

Card holder Signature

Dated

Card holder printed name

Phone or Email Contact information

Visa : _____

_____/_____/_____ exp ____ cvc #

MasterCard : _____

_____/_____/_____ exp ____ cvc #

Program: _____

Monthly amount varies, based on program usage

Registrant Name: _____

Month	Amount**

Month	Amount**

**Some programs, such as Kidz Klub, are based on program usage. In this case, check the box above indicating monthly charges vary according to program usage and do not fill in an amount.

***Payments will come out the first business week of the month