

READER REGISTRATION

_____		_____		M/F
FIRST NAME	LAST NAME			
_____		APT.	POSTAL CODE	
ADDRESS				
_____	_____	_____	_____	
HOME PHONE	MOBILE PHONE	SCHOOL	GRADE	
_____		_____		
EMAIL		EMERG. CONTACT & PHONE		
_____		_____		
LANGUAGE SPOKEN AT HOME		2ND LANGUAGE		

CONSENT

By signing below, I provide my consent for my child to participate in programs at The Story Garden. I understand that a parent or guardian is to remain in the Sheridan Centre during the program. I provide my consent for my child to be photographed or videotaped in The Story Garden for the purpose of sharing our programs with others in print, on our website or through social media.

_____	_____	_____
PARENT/GUARDIAN PRINTED NAME	PARENT/GUARDIAN SIGNATURE	DATE

LEADER(S):	TEAM:
Fall 1. _____ 2. _____	Fall _____
Winter 1. _____ 2. _____	Winter _____
Spring 1. _____ 2. _____	Spring _____

REGISTRATION FEE PAID? Fall _____ Winter _____ Spring _____	INFO IN TSG COMPUTER? Fall _____ Winter _____ Spring _____
---	--