

# kidzwhiz

Program Registration Form

### METHOD OF PAYMENT

Send completed registration form and amount due via e-transfer to [matthew@kidzwhiz.com](mailto:matthew@kidzwhiz.com). Include in the notes section of the e-transfer, the details of the programs you wish to enroll, including before and after care. Please note registration is not complete until your payment has been successfully received. A staff will email you to let you know that you've successfully enrolled. Cash is accepted if registering in person, but registration form must be received a week prior to start date.

### STUDENT INFORMATION

First Name:	Last Name:	
Email:	Birthday: YYYY/MM/DD	Age:
Address:	City:	Postal Code:
Allergies (please specify):		

### EMERGENCY CONTACT

Contact Name:	Contact Number:
Contact Email:	

### COURSE SELECTION

Please fill in the information for the camp(s) and/or course(s) you want to register for:

Activity/Course Name	Location	Start Date	Start Time	Cost

If registering for before and after care for camps, please input as separate activities.	<b>Total Amount Due:</b>
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### PHOTO AND VIDEO CONSENT

By checking this box, I hereby permit and authorize Kidzwhiz to take photos and/or videos of the student registering above. I acknowledge and agree that Kidzwhiz may publish or use the photos and/or videos for promotional purposes, including but not limited to electronic or digital means. I acknowledge that Kidzwhiz may not be able to control the distribution or use of the photos and/or videos by representatives other than our own.

### TERMS AND CONDITIONS

Payment and submission of this form does not guarantee registration into the selected program(s). If the program is full or not available, the funds will be returned in full in the original form of payment, or credited for another program.

A 20% administrative fee will be charged for refunds requested 14 days prior to the program start date. No refunds will be given thereafter.

By signing below, I confirm that I have read, understand, and agree to the above terms and conditions.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  Check this box to subscribe to our newsletter.