



BrightPath Studios Registration Form

Child Care Centre: _____

Class: _____ Day: _____ Time: _____

Child's Name: _____

Date of Birth: ____/____/____
(mm) (dd) (yyyy)

Parent/Guardian Information

Parent/Guardian 1

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Parent/Guardian 2

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

The above person has permission to pick up my child from the recreation program:

In case of an emergency only () At any time ()

Payment Information

Payment Type (please circle): **MasterCard** **Visa**

Credit Card #: _____

Expiry Date: ____/____

OR, Please Charge my BrightPath Account & PAD _____

OR, Other Method of Payment Taken (please specify): _____

I hereby authorize BrightPath Kids Corp. to charge me in the amount of \$_____ by specified method above

Account/Card Holder Name: _____

Account/Card Holder Signature: _____

Parent/Guardian Agreement for BrightPath Studios Recreation Program

Class: _____

Day: _____

Time: _____

Child's Name: _____

Start Date: _____

1. I give permission for my child to participate in the BrightPath Studios recreational programming.
2. I give permission for BrightPath to sign my child out of the BrightPath licensed child care program at _____ p.m. on _____ (day of week).
3. I understand that when my child is signed out of child care for the recreational program, they are not part of the child care program. Therefore, any hours when participating in BrightPath Studios recreational programming are not counted towards child care subsidy.
4. I understand that my child will be escorted to the gym by a designated staff member who will sign them into the recreation program.
5. I will arrive at the Centre five minutes before the class is over, at _____ time, so that I am able to pick my child up from the program. OR I request that my child be signed back into child care at _____ time, by the designated BrightPath staff member.
6. In the event of an emergency medical situation, I grant permission to the trainer/coach/designated staff to apply first aid or obtain medical care for my child, and then to be contacted. I will not hold the Centre liable for taking such action and I agree to reimburse the Centre for any expenses in the event of such an emergency.
7. **Yes / No** (please circle) I grant permission for BrightPath to film and/or take photos of my child in class. These are to be used for memento purposes and shared among registered families and BrightPath staff ONLY.
8. **Yes / No** (please circle) I grant permission for BrightPath to use video footage or photographs of my child in class for promotional purposes.
9. **PLEASE NOTE CANCELLATION POLICY:** 60% refund of class fee if withdrawal occurs during the first 4 weeks of classes. After the first 4 weeks of classes, fees are NON-Refundable.
Policy resets for Term 2, however, costume fee is Non-Refundable.

Parent/Guardian Signature: _____ Date: _____