

H.O.P.E. REGISTRATION FORM (2010-2011)

General Information

Family Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

E-mail Address: _____

Mother's Name: _____

Father's Name: _____

Full Name of Supervising Adult: _____

Relationship/ Role of Supervising Adult: _____

Information for the Child(ren) Attending

1) Name of Child: _____ (Preferred Name☺) _____

Date of Birth: _____ Age: _____ Allergies: _____

2) Name of Child: _____ (Preferred Name☺) _____

Date of Birth: _____ Age: _____ Allergies: _____

3) Name of Child: _____ (Preferred Name☺) _____

Date of Birth: _____ Age: _____ Allergies: _____

Registration Information

You have two payment options (please circle one):

1) **A one-time flat rate fee for the year**

(\$74 per family for paid members of the Hellenic Community; \$148 for non-paid members)

Or

2) **A drop-in fee every time you attend**

(\$3 per family for members of the Hellenic Community; \$5 for non members)

Are your Membership Dues to the Hellenic Community of Ottawa paid for this year? _____

(Receipt #: _____ Date: _____)

Over the course of the year, H.O.P.E. directors organize several age-appropriate field trips for the children. I understand that participating in these excursions is completely voluntary and that a parent/ guardian is responsible for arranging transportation and accompanying my child(ren). _____

Initial

Occasionally, the H.O.P.E. directors and parents take photographs to preserve special moments during play, activities, or special events during the year. This is a way for participants to remember the great times and share them with friends and family. I understand that these photos may be displayed in various media such as the Hellenic Community Yearbook or the Hellenic Community Website. _____

Initial

I am fully aware that H.O.P.E. is a program which requires a parent/guardian to accompany my child(ren). I understand that the accompanying adult is entirely responsible for the behaviour, welfare, and whereabouts of my child(ren) at all times.

Signature of Parent/ Guardian

Date