



PROGRAM REGISTRATION FORM

Student Name: _____ School: _____ Age: _____

Address: _____

Allergies/Medical Conditions: _____

Parent/Guardian Name: _____ Phone Number: _____

Email Address: _____

Would you like to join our mailing list? Yes No

Emergency Contact (name & phone number): _____

My child can walk home alone

My child will be picked up

Program: _____ Day/Time: _____ Cost: _____

Program: _____ Day/Time: _____ Cost: _____

Program: _____ Day/Time: _____ Cost: _____

Cancellation Policy: For sessional programs (ie: 6 or 8 weeks in length) programs, notice of cancellation must be received at least **24 hours before** the program start date in order to qualify for a refund or credit. If notice of cancellation is less than 24 hours prior to the program start, your refund or credit will be issues minus the first day of the program. If you cancel after starting a program, your refund will be prorated based on the number of days attended.

I have read and understand the above cancellation policy. In addition, I hereby consent for the participant named above, if ill or injured, to be taken to the nearest Emergency Centre by CCECSS staff of ambulance when I cannot be contacted.

Payments can be made by cash or cheque (made payable to CCECSS) and returned to the Community School Office as soon as possible to secure your child's spot. Programs may be cancelled 1-week prior to the start date if registration does not meet the minimum participant requirements.

Parent/Guardian Signature: _____ Date: _____

Chilliwack Central Elementary Community School Society

9435 Young Road, Chilliwack BC V2P 4S7

604-792-8539 or 604-860-9125 (call or text)

Email: ccecsscoordinator@gmail.com