



**PLAYFUL PARENTING TODDLER TOWN**  
**Registration Form & Liability Waiver**

Child's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address to receive important Playful Parenting info:  
\_\_\_\_\_

EMERGENCY CONTACT (other than parents): \_\_\_\_\_

PHONE#: \_\_\_\_\_ Relationship: \_\_\_\_\_

MEDICAL: Medicare # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

List any allergies or concerns: \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Who will be picking your child up from school? \_\_\_\_\_

May your name be added to a class list? \_\_\_\_\_

5 Days - \$150.00

4 Days - \$125.00

I, \_\_\_\_\_, the undersigned, do hereby release Playful Parenting of CBTASNH child/parent development center in which I have enrolled my child, and all its officers and employees, acting within the scope of their employment, of any liability for damages arising from any personal property loss or any bodily injury received by me or my children while participating in the said program and classes.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Legal Name and SIN (person claiming Child Tax Credit receipt):

SIN: \_\_\_\_\_ Please print name \_\_\_\_\_