

PLAYFUL PARENTING OF CONGREGATION BETH TIKVAH
AHAVAT SHALOM NUSACH HOARI

Winter Parent and Tot Program

Registration Form/ Liability Waiver

Child's Name _____ Age _____ Birthdate _____

Phone Number _____ Address _____ City _____ Postal Code _____

E-mail Address _____

Mom's Name _____ Alternate Phone Number (work/cell) _____

Dad's Name _____ Alternate Phone Number (work/cell) _____

Emergency contact _____

Special Information or comments you would like us to know about your child (e.g. ALLERGIES): _____

Credit Card Number _____ Expiry Date _____

I, _____, the undersigned, do hereby release Playful Parenting Franchise Corp., Playful Parenting of Canada Ltd. and the local Playful Parenting 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.

Signature _____

Date: _____