

Registration Form—Newbridge After School Program 2018 / 2019

STUDENT INFORMATION – Student 1			
Student Name:		Date of Birth:	
Grade in 2017/2018:		Gender (Please Circle): Female Male	
STUDENT INFORMATION – Student 2 (If applicable)			
Student Name:		Date of Birth:	
Grade in 2017/2018:		Gender (Please Circle): Female Male	
STUDENT INFORMATION – Student 3 (If applicable)			
Student Name:		Date of Birth:	
Grade in 2017/2018:		Gender (Please Circle): Female Male	
PARENT 1—Primary Contact		PARENT 2—Secondary Contact	
Name:		Name:	
Street address:		Street address:	
City:	Postal Code:	City:	Postal Code:
Email:		Email:	
Home phone #:	Work phone #:	Home phone #:	Work phone #:
Cell phone #:		Cell phone #:	
EMERGENCY CONTACT			
Name:		Home phone #:	Cell phone #:
Work phone #:		Relationship to child:	

Please select payment method:

- \$2000 one-time payment (due by Sept 14, 2018)
- \$20 / day per family (invoiced monthly)

Please fill out this part of the form ONLY if you require transportation

Your student must be in Grade 2 or higher to be eligible for transportation at Newbridge

Please circle your desired pickup / drop-off location:

- | | | |
|--|---|--|
| <input type="checkbox"/> St. Margarets Centre (Tantallon) | <input type="checkbox"/> Rona Bayers Lake | <input type="checkbox"/> 961 Lucasville Road |
| <input type="checkbox"/> 2069 Hammonds Plains Rd (Parking Lot) | <input type="checkbox"/> Petro Canada Lower Sackville | <input type="checkbox"/> Enfield Big Stop |
| <input type="checkbox"/> Truro Legion | | |

Will your child(ren) be bringing any of the following on the Vans during the school year?:

- Hockey Gear and Sticks (if yes, how many bags/sticks? _____)
- Soccer or Golf or Baseball Gear Bag

PLEASE INITIAL AND SIGN AT THE BOTTOM.

_____ I hereby release Newbridge Academy and its agents and employees from any and all claims, demands, actions, and causes of action which I may have for any damages, loss or injury, suffered by my child, from the participating of such child in this program

Signature: _____ Date: _____

Please complete form and return to:

Newbridge Academy
 Scott Dillman
programs@newbridgeacademy.ca
 902-252-3339