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## Workshop Registration Form

Date of Registration:		
Workshop name:		
Dates of Workshop:		
Parents' Name(s):		
Child Name:		
Age: <input type="text"/>	Current Client:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication Form on file Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>	
	(If current form not on file, please attach new form)	
AFU Billing Yes <input type="checkbox"/> No <input type="checkbox"/>	Private Billing	Yes <input type="checkbox"/> No <input type="checkbox"/>
My child will be attending the above-noted workshop with New Heights.		<input type="checkbox"/> (Parent Initial)
I acknowledge that regardless of my child's attendance, the full cost of the workshop will be billed.		<input type="checkbox"/> (Parent Initial)
	<b>Office Use Only:</b>	
Parent Signature	Added to Registration File	<input type="checkbox"/>
	Scanned to Workshop File	<input type="checkbox"/>
Date of Signature	Copy to Manager	<input type="checkbox"/>

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