

Thutong Learning Center
2020-2021 School Year

REGISTRATION FORM



PARTICIPANT INFORMATION Please type or print legibly.

Forename: _____ Surname: _____

Gender: Female Male Date of birth: ___ T-Shirt Size _____

School: _____

Grade attending for year 2020-2021: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ cell: _____

Parent email: _____

(Include area code with telephone)

Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____

(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Snack: Glass bottles/containers are not allowed in the center.

Payments: Tuition is free

Registration fee: R0.00

Contact Information:

For more information, contact Mr. Douglas Moroke Executive Director

e-mail: dmoroke@thutonglc.org

Mrs. Joyce Sebeso Program Director

073-544-1677

Emails: jsebeso@gmail.com

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Please do your best to come to All-stars Thutong Learning Center every day

DROP OFF AND PICK UP TIMES

Class time:

- 2PM for Full Session

End time:

- 5:00PM

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____

Phone number _____

Insurance carrier _____

Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to **Thutong Learning Center** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (Student name) _____ is in good mental and physical health condition to participate in the activities provided by **Thutong Learning Center**, including but not limited to all aspects of physical activities such as basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Thutong Learning Center and its employees and its staff** from liability to the above named student, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring in the premises of **Thutong Learning Center**, including any event sponsored or sanctioned by **Thutong Learning Center**, and or travel to and from such activities.

I understand that **Thutong Learning Center**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the center, etc.) or becomes involved in any activity or with any persons not associated with **Thutong Learning Center**, or its scheduled program and that **Thutong Learning Center**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and agree to comply.

Parent Signature _____ Date _____