



Interactive Learning Program 2024

Registration and Consent Form

Please complete this registration form in its entirety and submit it to info@leasidespanish.com for your child to join the Leaside Spanish Interactive Learning Program.

Student Info:

Name		Grade	
Allergies or Medication?			

Student # 2:

Name		Grade	
Allergies or Medication?			

Student # 3:

Name		Grade	
Allergies or Medication?			

Student # 4:

Name		Grade	
Allergies or Medication?			

Family & Emergency Info:

Parent/Guardian Name	
Phone Number (s)	
E-mail Address	

Upon receipt of this Registration/Permission Form, this email address will be used for ALL correspondence related to the Leaside Spanish Interactive Learning Program.

Additional Emergency Contact # 1		Number:	
Additional Emergency Contact # 2		Number:	

At Leaside Spanish, we occasionally take photos during classes and activities to share on social media and keep families informed about what we're up to. Please note: We never share names or any personal or identifying information. If you do not wish for your child to appear in social media posts, please inform us and make a note on the registration form.

Transportation Consent

I would like my child(s) to be picked up from Rolph Road School and taken to the program facilities. *Please leave the box unchecked if pick-up is not needed.*

DECLARATION

No participation will be allowed without a signed (or typed) declaration.

I, the undersigned, being the parent/legal guardian of the student(s) listed above:

Declare that the information provided on this registration form is accurate to the best of my knowledge and hereby apply for a place at the Leaside Spanish Program for my child/ward. I understand that Leaside Spanish reserves the right to limit admission at its discretion.

Participation and Medical Emergencies

I grant permission for my child/ward to participate in all activities, unless noted under 'Allergies/Medications'. I acknowledge that Leaside Spanish does not provide health insurance and agree to be responsible for any medical expenses incurred during participation. I also grant Leaside Spanish and its representatives the authority to seek necessary medical assistance for my child/ward and authorize them to allow any competent medical professional to administer treatment for any injury or illness that may arise.

Release

By signing this form, I release all staff members and parties involved in the organization of Leaside Spanish from liability for any injury sustained in or around the program venue.

Privacy

I understand that the information provided will remain confidential and will not be shared with third parties.

I have read and understand the above declaration.

Parent/Guardian Signature _____ Date _____