



P.O. Box 2079 1601 – 15th Avenue Didsbury, Alberta T0M 0W0 E: admin@mvcals.org P: 403-518-7020 F: 403-518-7023

COURSE REGISTRATION

Course: Rhyme Time – Didsbury Winter 2017	Cost: \$ Free
Dates: Tuesdays, March 14 – April 25 (excluding Apr 18)	Loc: Didsbury Municipal Library 2033 – 19th Avenue Didsbury, AB
Time: 10:30 am – 11:30 am	Facilitator: Gerry Greschner

Name Day Home Provider:	
Parent First Name:	
Last Name:	
Child Name(s) & Age(s):	
Home Community:	Sundre <input type="checkbox"/> Olds <input type="checkbox"/> Didsbury <input type="checkbox"/> Carstairs <input type="checkbox"/> Cremona <input type="checkbox"/> Water Valley <input type="checkbox"/> Other: _____
Main Tel No:	
Alt Tel No:	
Email:	
Would you like us to send you updates in our upcoming courses via email?	YES <input type="checkbox"/> NO <input type="checkbox"/>
May we call or email later to see if you have used the skills you learned today?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, signature please:	

How did you learn about the MVCALS Programs or how did you find out about this course? Please check all that apply.

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Poster | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Coffee News | <input type="checkbox"/> Agency Referral: _____ |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Email | <input type="checkbox"/> Other: _____ |

Are there any learning challenges you want us to be aware of?

NO

YES If yes, what is your challenge? _____



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Voluntary Disclosure

Are there any pre-existing medical issues we need to be made aware of? NO YES

Family Literacy Photo/Video/Interview/Consent to Release Form

Throughout the year we like to promote our programs to the media, on our website, social media sites, newsletters and bulletin boards. In order to video tape, photograph or interview our participants we need your permission to publish to these public sources. Under the Freedom of Information and Protection of Privacy Act (FOIP) Mountain View Communities Adult Learning Society (MVCALS) requires consent to use your information outlined as above.

Please complete the information below with a check mark to indicate your choice:

____ Yes, I give my consent for the publication of my name, image or comments to be used for the purpose described above.
____ No, I do not give my consent for the publication of my name, image or comments to be used for the purpose described above.

Consent to Release Information

In order to facilitate our programs we are required to share information with our facilitators.

I _____ give permission for Mountain View Communities Adult Learning Society to share the personal information that I have provided, along with information about my learning, with my facilitator.

Parent/Guardian Signature: _____

Child/Children's Names: _____

Date: _____