



Family Literacy Registration Form

Course Name _____ Date _____ \$ _____

Fees Paid Cash _____ Cheque # _____ Invoice # _____ Receipt# _____ Total \$ _____

Parent/Guardian Information

Name: _____

Date of Birth: _____

Mailing Address: _____

Town/City: _____ Postal Code: _____

Phone# Work: _____ Home: _____ Cell: _____

E-mail: _____

Child's Information

Name of Child: _____ Age: _____

Date of Birth: _____ Child's Gender: _____

Name of Child: _____ Age: _____

Date of Birth: _____ Child's Gender: _____

This personal information is collected for purposes of operating our education program pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have questions about this collection, please call: 780-875-5763

Refund Policy:

- Refunds will be issued if a program is cancelled.
- Refunds will not be made after registration.
- Registration may be transferable to another person.
- Refunds may be made in the event of a personal emergency. Requests must be made in writing.
- \$20 charge on all NSF cheques.

Social/Economical Barrier(s): _____ Travel Distance: _____ Kms

Referred by: _____



I authorize Lloydminster Learning Council Association to use names, photos and testimonials for awareness and promotion on social media

Signature: _____