

Family School POP
(Preschool Over-activity Program)
Parent Child Application

Child's Name: _____ D.O.B. _____

Home Address: _____

Street

City

Prov.

Postal Code

Home Phone

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Number: _____ Cell Number: _____

Employed by: _____ Employed by: _____

Email: (optional) _____ Email: (optional) _____

Other siblings 1. _____ 2. _____

3. _____ 4. _____

1. I am requesting to enroll my child and myself in the **Family School POP Program** offered by Excalibur ADHD Association.
2. **I give my permission to allow my child to be video-taped for the purpose of research and education.**
3. I wish to attend all the parent sessions of the program including the follow-up session three months after the completion of the course.
4. I understand that the course is for ten weeks followed by a session three months later.
5. I agree to pay \$50.00 for the course (includes me and my child). Fee is included with this application.
6. I understand that I must provide my child and myself with lunch.
7. All cheques are payable to: Excalibur ADHD Association; mail to: 32 Dundas Street, Dartmouth, NS, B2Y 2T9 with the application.
OR send an Electronic Transfer to ex.info@excaliburadhd.org; email the application with password to the same email address.
8. I understand that this application does not guarantee me nor my child a space in the program.
9. **I have read and understand the above points. I verify that the information I have submitted is true and accurate.**

Signed by: _____ Date: _____

Parent planning to attend

P01/17

Mail to: Excalibur ADHD Association
32 Dundas Street, Dartmouth, N.S. B2Y 2T9

A program offered by:
Excalibur ADHD Association