

**BOYD MUSEUM CHILDREN'S PROGRAM
REGISTRATION FORM**

Instructions: This form is to be completed and submitted only with the child's first visit to the Program. Payment is to be made at the beginning of each day, in cash (\$2/day)

NAME of CHILD: _____

HOME ADDRESS: _____

TELEPHONE: _____ AGE: _____

PARENT/GUARDIAN NAME: _____

WORK PHONE: _____ CELL PHONE: _____

HEALTH/MEDICAL CONDITIONS: _____

Conditions

Initial

I give permission for my child to participate in the Boyd Museum Children's Program _____

If my child leaves the program unattended, he/she will not be allowed to return to the program for the remainder of the season. _____

I give permission for my child's likeness to be used in promotional material _____

I understand that the Children's Program is peanut free _____

Parent / Guardian Signature

Date

The Boyd Museum is owned and operated by
A. Sheila Boyd Foundation
21 Canal Street, PO Box 1221, Bobcaygeon, Ontario, K0M 1A0 705-738-9482
www.theboydmuseum.com