



Turning Tides Community Outreach

March Social Skills Program

Registration Form

Date: _____ Location (please circle one): *Dartmouth* *Truro*

Yarmouth *New Glasgow*

Full Name of Student: _____

Age: _____ Sex: _____ Date of Birth: _____

Parent/Guardian: _____

Parent/Guardian: _____

Occupation: _____

Occupation: _____

Telephone: _____

Telephone: _____

Cell #: _____

Cell #: _____

E-mail: _____

E-mail: _____

Address: _____

Address: _____

City / Province: _____

City / Province: _____

Postal Code: _____

Postal Code: _____

If not available in an emergency notify:

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Family Doctor: _____

Phone: _____

*Medication: _____

If prescribed, please ensure your child has a puffer with him/her at all times.

Allergies: _____

How did you hear about Turning Tides' Social Skills program?

- Website
- Email
- Word of Mouth
- Doctor/Psychologist
- Fax
- Other _____

Registration can be mailed to:

Atten: Angela Rudderham
Bridgeway Academy
3 Valleyford Ave
Dartmouth, NS
B2X 1W8

Or faxed to 902 464-1147

Or emailed to angela@turningtides.ca

All payments must be made in full before your child's first day of attending the program. You may phone in payment by credit card to Tracy at 902 4654800 or Angela at 902 293-4801.

Payments can also be mailed to

Atten: Angela Rudderham
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Dartmouth, NS
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