safecommunities™ grande prairie & area

Funded By:

FCSS Family and Community Supports Services City Of Grande Prairie

Home Alone Safety Program
Classroom
Registration Form

Parent/Guardian Name(s): _____

Address: _____

Email Address: _____

Preferred Contact Phone Number:_____

Home Phone: _____ Cell Phone: _____

Area of Residence:

- ☐ City of Grande Prairie
- ☐ County of Grande Prairie
- ☐ Other: _____

How did you hear about the Home Alone Program?

1) Child Name: _____ **Age:** _____
First Last

Allergies/Special Circumstances:_____

2) Child Name:_____ **Age:** _____
First Last

Allergies/Special Circumstances:_____

3) Child Name:_____ **Age:** _____
First Last

Allergies/Special Circumstances:_____

Program Date Requested: _____

We prefer to communicate by email for the Home Alone Course. We use email to send registration confirmation, course reminders, course changes and information, and survey requests.
Do you consent to receiving emails related to the Home Alone Course? ☐ **Yes** ☐ **No**

Would you like to keep in touch with us about programs, activities, injury prevention tips and other communications about Grande Prairie and Area Safe Communities and Safety City? You can do this by subscribing to our newsletter. **Join mailing list?** ☐ **Yes** ☐ **No**

Name:_____ ***Email:***_____

Please Email Registration Form to director@gpsafecommunities.com. The form may be scanned or you may take a photo of the completed form and email it. Please do not shrink photo files. The original size photo file is required to enable us to read the forms. You may also register by phone during regular office hours. Registration forms are required to be registered for the course.