How to Enrol Your Child in a Play Project Birthday Party

1. Use the private link you were given to bring you to the invite page on amilia (our registration software). Typically it will be www.playproject.ca/ followed by the birthday child's name after the slash.

PLAY PROJECT	Play P Play Project the parkor	roject It is an organization dedicated to ex Ir community in Burlington.	panding knowledge of parkour and its benefits,	as well as building
Enroll in Programs	Purchase a Membership	Purchase an Open Gym Pass	Purchase Merchandise	My Account (
Specialty Workshop	s Scheduled Programs Birt	hday Parties		Sack
	Hugh	s Party		
	11-11-11			
Start date: Saturday, D	Vecember 7 2019.		Required age: 3+ on the day of th	ne activity
Start date: Saturday, D Schedule:	Jecember 7 2019.		Required age: 3+ on the day of the Share this activity:	ie activity
Start date: Saturday, D Schedule: O On Saturday, Decem Play Project Moveme	December 7 2019. ber 7, 2019 from 11:15 AM to 1:15 nt Training Centre	2M	Required age: 3+ on the day of th Share this activity:	ne activity
Start date: Saturday, D Schedule: © On Saturday, Decem Play Project Moveme Location: Play Project 1)ecember 7 2019. ber 7, 2019 from 11:15 AM to 1:15 int Training Centre Viovement Training Centre 3466	PM .andmark Road, Burlington, ON, L7M 1	Required age: 3+ on the day of th Share this activity:	ne activity

info@pi (289)

2. When you click "register" a log-in window will appear. Select "create an account" if you do not yet have one on amilia. If you do have an account, log-in and skip to step 4.

example@dc	main.com		Lo	g in with Facebook
assword		_		
		G	, 1	og in with Google
	Log in		Lo	g in with Office 365

3. Fill in the required information in the text boxes and hit "create an account". Consent to the sharing information agreement. The sharing information agreement is so that we can interact with your profile.

	Create an account		
Play Project	First name		
PROJECT	PARENT NAME	f	Log in with Facebook
o@playproject.ca (289) 808-6778	Last name	G	Log in with Google
	PARENT LAST NAME	-	,
	Email	U	Log in with Office 365
	youremail@playproject.ca		
	Password		
	Create an account		
	By clicking on "Create an account", you agree to the		
	User Service Agreement and Privacy Policy.		
	Log in or resolvour password		

4. A new window will allow you to select participants to register. If you have not added your child to your account yet, click the blue + button beside "add another person" to add your child to your account.



5. Once your child has been added, you can repeat step 4 to add any additional children. Then hit the + button beside the desired registrants' names and it will turn to a green checkmark. Once the green check mark is beside all registrants click the checkout button.

Select participants to register	
Hugh's Party	📜 1 снескоит о
Saturday, December 07, 2019 from 11:15 AM to 1:15 PM	
 Play Project Movement Training Centre 3466 Landmark Road, Burlington, ON, L7M 158 	
EE \$0.00	
Required age: 3+ on the day of the activity	
O Click on 🖶 to add to your cart	
Sam McWhite (12 yrs. 6 mos.)	
O David McWhite @ C More info required	
Add another person	
	Continue Shopping Checkout

6. Before you are allowed to checkout our system will show you an overview of your order, including the participants and programs in your cart. If everything looks good, click the checkout button again to proceed.

	0	2	3	4	
	Your order	Your information	Payment	Confirmation	
Your order	: 1 item				
				Continue Sł	nopping Checkout
Parkour Birthd	ay Party				
A	Child Child Last Name Date: Saturday, December 07, 2019	From 11:15 AM to 1:15 PM			Remove
9	Location: Play Project Movement T	raining Centre 3466 Landmark Road, Burlingtor	1, ON,		
				Sub Total	\$0.0
				HST	\$0.0
				Order Total	\$0.0

7. Next, you'll need to fill out some required information for the account owner. The boxes in red show the required information. Note that only one of the phone number boxes are required to be filled out. Click "Continue my purchase" upon completion.

	Your order	Your	information	Payment		Confirmation
Your informatio	on					Validate all sections to continue your purcha Add more iten
Account owner Parent Parent Last Name		Account owner	Parent Parent L	.ast Name	Last name	Parent Last Name
Child Child Last Name	2					
		Address 1	Street and number, P.O	. box, c/o.		
		Address 2 (optional)	Apartment, suite, unit, I	building, floor, etc.		
		Country	Canada	\$	State/Province	
		City			Zip/Postal Code	
		Email	myemail@playproject.c	a		
		Home Phone			Work Phone	
		Cellular			Extension (optional)	
		Please make sure to fill a	t least one phone number			
			Address line 1 is required			
			State/Province is required	d.		
			Zip/Postal Code is require	ed.		
			At least one phone numb	er is required.		Continue my purchase

- 8. You will now be on the child information page.
 - a. Fill out the information at the top of the page accordingly. Be sure to select a gender as well as to include any medical information.

Your information			Add m
Account owner	Personal information : Ch	ild Child Last Name	
Parent Parent Last Name	Date of birth: 5/6/2012		
Child Child Last Name			This information can be modified in your accour
	Gender Choose	¢	
	Check here if no known medical	conditions.	
	Allergies (optional)		
	Nuts	Peanuts	
	Eggs	Insect bites/stings	
	Seafood		
	Other (optional)		
	Allergic reactions (optional)		
	Medical conditions (optional)		
	Asthma	Incontinence	
	Hearing disorder	Diabetes	
	Hyperactive	Epilepsy	
	Visual disorder		
	Other (optional)		
	Medications (optional)		
	Dosage (optional)		
	Frequency (optional)		

- b. Complete the information at the bottom of the page. Be sure to click the "Read me" liability waiver button. When you do that our waiver will pop up, allowing you to read it. Once you scroll to the bottom of the waiver the "accept" button will become clickable.
- c. The legal guardian and emergency contact are demanding in terms of the information that is required. So if you try to proceed and these sections come up as incomplete, it's likely that you'll need to click the edit button beside each of these to add more information.

or On	l <mark>y)</mark> (option	ai)
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use a		
ardian	1	
ardian \$	✓ Edit	≜ ⁺ New
ardian \$	Edit	å ⁺ New
ardian \$ ardian	e Edit	A ⁺ New
	ose a	ose a file

d. Once you click the edit button, a pop-up window should appear like the one below, so you can edit the contact's information. Typically, the Primary Legal Guardian is missing the relationship to the child and the Emergency Contact is missing a home phone number. If you do not have a home phone number, feel free to just put your cell phone number in the home number section. Be sure to click save once you have edited or added any information.

Address 2	Apartment, suite, uni	it, buildir	ng, floor, etc.		
Country	Canada	\$	State/Provinc	ON - Ontario	
City	Burlington		Zip/Postal	L7M 1S8	
			Code		
Home	2898086778	1 6	Work Phone		
Phone					
Cellular]]	Extension		
Please make s	ure to fill at least one phone	number			
Relationsh	Fathor				
	Mother	-			
	Conservation and a state of the second				
_	Grandmother				
	Grandmother Uncle			Cancel	Save

After saving the contact's information, you can hit the "continue purchase" button at the bottom of the page. 9. The next page is the checkout confirmation page. The total amount should be \$0.00. From here, no further action is required and you have enrolled in the party successfully.

Play Project					
	0	•	0		
	Your order	Your information	Payment	Confirmation	
Confirmation	1			Return to store Share	Print
Your order has been su Invoice Number: 71980 Date: 11/29/2019	ccessfully completed. 48				
You will receive a confi	rmation email including this	invoice and receipt shortly.			
Client					Organization
Parent Parent Last Na	ame				Play Project
3466 Landmark Rd				3466 La	Indmark Road
Burlington, ON				В	urlington, ON
L/M 158					L/M 158
🛷 Drop-ins					
Parkour Birthday Pa	arty				
A Participant: Chile	d Child Last Name				\$0.00
Schedule: Saturd	lay, December 07, 2019 from	11:15 AM to 1:15 PM			
				Sub Total	\$0.00
				HST	\$0.00