

## Registration Form

<b>1. Child Information</b>	
Last Name	
First Name	Middle Name
Nickname / Preferred name	
Birth date	Start date
Name(s) of siblings and birth date(s)	
<b>2. Parent(s) or Guardian(s) Information</b>	
(1) Last name	First Name
Relationship to child	
Address	
City	Postal Code
Home phone	Work phone
Cellular phone	Employer
(2) Last name	First Name
Relationship to child	
Address	
City	Postal Code
Home phone	Work phone
Cellular phone	Employer
<b>3. Emergency Contact - local</b>	
Name	Relationship to child
Home phone	Work/Cellular phone
<b>4. Emergency Contact – out of province</b>	
Name	Relationship to child
Home phone	Work/Cellular phone
<b>5. Type of program</b>	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
E-mail address:	
Comments:	
Signature of applicant	Date