

March Break Registration!

Please Print Clearly

Child's Name:

DOB:

Home Phone:()

Health Card Number:

Address:

Town:

Postal Code:

Medical Concerns/Allergies:

EMERGENCY CONTACTS

Name:

Relationship:

Phone: ()

Name:

Relationship:

Phone: ()

Date:

Parent/Guardian Name:

Signature:

Parents please note a waiver and release form will be required to sign when dropping your child (ren) off on the first day of programming.

Days Requested -

Monday March 15th _____

Wednesday March 17th _____

Friday March 19th _____