

Chi <mark>ld</mark> 's First Name:	Child's Last Name:	Child's Age:
Par <mark>en</mark> t's First Name:	Parent's Last Name:	
Ad <mark>dr</mark> ess:	City:	Postal:
Em <mark>ai</mark> l:	Home Phone Number: _	
Par <mark>en</mark> t's Work Number:	Parent's Cell Number: _	
I'm registering for session: 1	2	
Total session Fee:	Extended Morning Care: (8:30 - 9:30 am Add \$30)	Y N
Tot <mark>al</mark> Payment:		
Payment Option: Cash	Cheque	