



Pre-Registration Form for September 2024

CHILD INFORMATION

First Name: _____ Last Name: _____

Date of Birth (Day/Month/Year): _____

Any Allergies? _____ Require Epi Pen? _____

Gender: () Female () Male () Non-Binary () Transgender () Intersex () I prefer not to say

Other important information for us to know to help your child: _____

GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

Phone Number: _____

Email Address: _____

How did you hear about us? _____

CHOICE OF DAYS

Choice 1: () 2 days Tue/Thur () 3 days Mon/Wed/Fri () 5 days

Other: _____

Choice 2: () 2 days Tue/Thur () 3 days Mon/Wed/Fri () 5 days

Other: _____

OFFICE USE ONLY

Non-Refundable Registration Fee Received:

Date _____ Amount _____ Cheque Number _____