

CENTRE GREENE **AFTER-SCHOOL** PROGRAM

CHILD'S Name:

Full-time \$195	<input type="checkbox"/>		
Full-time \$371	<input type="checkbox"/>	Sibling discount	
Part-time \$147	<input type="checkbox"/>	Three days/week	Days: _____
Drop in \$15	<input type="checkbox"/>		Day: _____

Address:

_____ Postal Code: _____
Home Phone #: _____
Date of Birth: _____
School & Grade: _____
Parents E-mail: _____

Parent #1-Name:

Address: _____
Day time #: _____
Evening #: _____
Cell phone #: _____

Parent #2-Name:

Address: _____
Day time #: _____
Evening #: _____
Cell phone #: _____

Emergency Phone #:

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

People authorised to pick up your child:

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

Name on tax receipt:

Social Insurance Number: _____

Method of Payment:

Post-dated checks Monthly checks on the first
 Cash on the first of the month of the month

Permission is given for my child's photo to be used in promotional material:

YES NO

I have read and understood the registration package and my responsibilities.

Signature: _____ **Date:** _____