The Westdale Children's School

Babes in Arms

REGISTRATION FORM

Autumn ~ Winter ~ Spring Sessions ~ Weekday Morning ~ 9:30am to 11:30am

Please circle what session you are registering for.

Program runs based on enrollment numbers. If low, families are welcome to join Parent & Child.

Fees: $60 half session (4 weeks) ~ $120 full session (8 weeks) ~ No additional charge for siblings.

Please check website for session dates.

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Parent's Name: _____ email*: _____

Home Phone: _____ Business: _____ Cell: _____

Parent's Name: _____ email*: _____

Home Phone: _____ Business: _____ Cell:_____

*For Westdale Children's School announcements

Does your child or anyone in your family have a medical/dietary condition that we should be aware of (e.g. food, drug or insect allergies, asthma, dietary restrictions, etc.)? Please include sibling information if they will be in the classroom:

Please Circle: YES NO

Details:

_____

Is your child on any medication?

Please Circle: YES NO

Explain:

_____

Please note that attending parents are responsible for any children present

Advanced registration is required. Please complete this Registration Form **in full** and mail or deliver to:
The Westdale Children's School, 2 Bond Street North (inside St. Cuthbert's Presbyterian Church), Hamilton, Ontario, L8S 3W1
Spaces will be allocated based on the order of receipt of completed registration forms with full payment, a post-dated cheque, or a non-refundable deposit of $30. Program fees are non-refundable after the first day unless a waiting list exists and the vacant space(s) can be filled. Refunds, if applicable, are pro-rated according to the balance of the program remaining.
Enclosed is my non-refundable deposit/session payment (circle one) of $_____ in the form of cash/cheque (circle one).

Parent/Guardian Signature: _____ Date: _____