

PARENT and CHILD REGISTRATION FORM (8-WEEK SESSION)

Session: AUTUMN/WINTER/SPRING (Please circle)

Please indicate the weekday morning you are selecting: _____

(Class days will run based on enrollment numbers. You will receive a confirmation email.)

The group runs 9:00am – 11:30am.

Please check website for Session Dates.

Fees are \$120/one child ~ \$180/two children

Child's Name: _____ Date of Birth: _____

Child's Full Address: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

email*: _____ Home Phone: _____ Work/Cell: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

email*: _____ Home Phone: _____ Work/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 medications?

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: _____

Where did you hear about our program? _____

Thank You!
The Westdale Children's School