

Centre Greene After School Program Registration Form

Child's Name		<input type="checkbox"/> Full Time (Regular) \$195 <input type="checkbox"/> Drop-In \$15 <input type="checkbox"/> Full Time (Siblings) \$371 <input type="checkbox"/> PED Day \$35 <input type="checkbox"/> Part Time (3 Days) \$147
Date of Birth (DD/MM/YY)		
School and Grade		
Address		

Parent Name:		Parent Name:	
Primary Phone		Primary Phone	
Secondary Phone		Secondary Phone	
Email		Email	
Address		Address	

Emergency Contacts		People Authorized to Pick Up Your Child	
Name	Phone	Name	Phone
Name	Phone	Name	Phone
Name	Phone	Name	Phone

Name on Tax Receipt	
Social Insurance Number	
Method of Payment	<input type="checkbox"/> Post Dated Cheques <input type="checkbox"/> Monthly Cheques <input type="checkbox"/> Cash Payment

I would like to receive email notifications of PED Days, events and program changes:

Yes No

I give permission 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: _____