

SENIOR PROGRAM REGISTRATION FORM

Your child must be three (3) years of age at the time of enrollment in order to participate in this program.

Child's Family Name: _____ **Given Name(s):** _____

Birth date: _____ Age: _____ Male / Female

Address: _____ Town/City _____

Postal Code: _____ Home Phone Number: _____

E-mail: _____ Do you check e-mail regularly? Yes ___ No ___

Allergies: _____

Medical Condition: _____

If an Anaphylaxis form is needed, please see teacher.

Mother's Name: _____

Work Address: _____

Occupation: _____

Father's Name: _____

Work Address: _____

Occupation: _____

Emergency Contact Name: _____ **Emergency Number:** _____

Emergency Contact Address: _____

(Note: **The Emergency contact should be somebody other than the child's parents**)

Has any of your family been enrolled in the School before? (Y/N) Name & Year: _____

How did you hear about the school (circle all that apply): Social Media Word of mouth Billboard

Other: _____

I give the North Gower Co-operative Nursery School (NGCNS) permission to release my child to the following people (**MUST BE DIFFERENT FROM EMERGENCY CONTACT**):

Name: _____

Phone: _____

The Senior Program from 8:30am - 11:30m on Mondays, Wednesdays & Fridays.

Monthly Tuition: \$175

Your tuition cheques postdated for September 1st, 2019 to June 1st, 2020 and a non-refundable registration fee of \$60 (if not yet paid for your child) must accompany your registration.

Please make cheques payable to **North Gower Co-operative Nursery School (NGCNS)**.

After Registration you will have until July 31st, 2019 to withdraw your child from the program for the school year. After that you will be required to pay the first month's tuition. After September 1st, 2019, one month's written notice must be given to withdraw your child from the School. Notice of withdrawal may be given no later than March 31st, 2020 and no refunds will be made after that date.

Parent(s) Signatures: _____ Date: _____

_____ Date: _____