



Communication Partners
IN PLAY



REGISTRATION FORM

Student Information:

Full name: _____

Address: _____

Date of birth: _____

Languages spoken at home: _____

Allergies or Medical concerns: _____

Other information I would like to share about my child: _____

Family Information:

Parent name: _____ Phone number: _____

Parent name: _____ Phone number: _____

Parent Email address: _____

Emergency Contact: _____ Phone number: _____ Relationship: _____

Please email applications to: paige.odwyer@communicationoptionsinc.ca

*Confirmation of registration will be sent via email once received.

*Program details to come by email before June 30, 2023.

*Program runs 2 days a week, 12:30-2:30 for the 2023/2024 school calendar year.