

Registration Form



Fall Session	<input type="checkbox"/>
Winter Session	<input type="checkbox"/>
Spring Session	<input type="checkbox"/>
Summer Session	<input type="checkbox"/>
Camp Session	<input type="checkbox"/>
PA.Day Session	<input type="checkbox"/>
Birthday Party	<input type="checkbox"/>
Tryout Session	<input type="checkbox"/>
Private Session	<input type="checkbox"/>

Participant's Name: _____

Address: _____

City: _____ Postal Code: _____

Date of Birth: _____ Age: _____
Month Day Year

Parent(s) Name: _____

Phone: _____ Cell: _____

Email: _____

Class: _____ Day: _____ Time: _____

How did you hear about our school?

Internet	<input type="checkbox"/>
Birthday Party	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Newspaper, Media	<input type="checkbox"/>
Camp Session	<input type="checkbox"/>
Others	<input type="checkbox"/>

Office Use Only	
Consent Form	<input type="checkbox"/>
Family Discount	_____
IMF-Valid till:	_____
Subtotal	_____
HST	_____
Total w/HST	_____
Balance	_____
Deposit Paid	_____
Chq <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> PayPal <input type="checkbox"/>	