LAUGH 'N' LEARN

PAYMENT DUE

Summer Program Registration

Please fill out the form to secure your child's registration

MR/MRS/MISS FIRST NAME		LAST NAME		
CHILDS DATE OF BIRTH	(DD/MM/YYYY)	MOBILE PHONE	HOME PHONE	
ADDRESS			PROV	
			DOCTAL CODE	
			POSTAL CODE	
EMAIL ADDRESS		CHILL	CHILDS NAME	
EIVIAIE ADDITESS		C. NESS IV IVIE		
MEDICATIONS		ALBERTA HEALTH #	AGE	
ALLERGIES		ANY ADDI	ANY ADDITIONAL NEEDS	
EMERGENCY CONTACT NAME		EMERGENCY CON	EMERGENCY CONTACT PHONE NUMBER	
FEE PER CHILD SINGLE/MULTI CHILD REGIST		RATION START DATE (DD/MM/YYYY)		
DATES YOUR CHILD WILL BE IN SUMMER PROGRAM				
WEEK 1 JULY 2ND - 5T	H MTWTHF	WEEK 6 AUG 5TH - 9TH	H M T W TH F	
WEEK 2 JULY 8TH -12TH MTWTHF		WEEK 6 AUG 12TH - 1	6TH M T W TH F	
WEEK 3 JULY 15TH -19TH M T W TH F		WEEK 7 AUG 19TH - 2	3RD M T W TH F	
WEEK 4 JULY 22ND - 26TH M T W TH F		WEEK 8 26TH - 30TH	M T W TH F	
WEEK 5 JULY 29TH - A	UG2M T W TH F	SIGNATURE		