



École Des Petits Amis

French Immersion Preschool

French for the Little Amis

Saturday Morning Program Registration

Form

Registration Information:

Child's Surname: _____ Given Name: _____

Birthdate : _____ Gender: M _____ F _____

Address: _____ Postal Code: _____

Home Phone Number _____

Email Address: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address _____ Address _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact: (May be parent, physical address needed)

Name of contact: _____

Phone Number: _____

Physical Address (No PO Boxes): _____

Relationship to child: _____

The Preschool, teachers, or volunteers will not be responsible for any accident involving the welfare of any child while traveling to and from the Preschool.

Signature of Parent/Guardian: _____ Date: _____

PAYMENT OF \$150 IS DUE IN FULL AT FIRST CLASS. CHEQUES CAN BE MADE PAYABLE TO ECOLE DES PETITS AMIS PRESCHOOL.