



General Program Registration Form

PARENT or LEGAL GUARDIAN INFORMATION:

MOM Last Name _____ First Name _____ DAD Last Name _____ First Name _____

TELEPHONE NUMBERS:

Home Phone _____ Mom Work _____ Dad Work _____

MAILING INFORMATION:

Mailing Address _____ Town _____ Postal Code _____

Parent or Legal Guardian must be a resident of the Township of Wellington North or **Non-Resident Fee Applies**.

TOWNSHIP _____ Email Address _____

EMERGENCY CONTACT:

Last Name _____ First Name _____ Relationship to Participant _____ Phone Number _____

PARTICIPANTS: Please state first choice and alternate activities.

PARTICIPANT 1 (Supply First & Last Name)				Indicate Arthur / Mt. Forest	SESSION	START TIME	LEVEL	COST
NAME				1 ST Choice				
AGE	Male <input type="checkbox"/>	Female <input type="checkbox"/>		2 ND Choice				
BIRTH DATE				3 RD Choice				
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)								
TOTAL								

PARTICIPANT 2 (Supply First & Last Name)				Indicate Arthur / Mt. Forest	SESSION	START TIME	LEVEL	COST
NAME				1 ST Choice				
AGE	Male <input type="checkbox"/>	Female <input type="checkbox"/>		2 ND Choice				
BIRTH DATE				3 RD Choice				
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)								
TOTAL								

PARTICIPANT 3 (Supply First & Last Name)				Indicate Arthur / Mt. Forest	SESSION	START TIME	LEVEL	COST
NAME				1 ST Choice				
AGE	Male <input type="checkbox"/>	Female <input type="checkbox"/>		2 ND Choice				
BIRTH DATE				3 RD Choice				
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)								
TOTAL								

Please read our Refund Policy thoroughly before signing this registration form.

Date _____ Parent or Legal Guardian Signature ONLY: _____

FOR OFFICE USE ONLY

FEE PAID: _____ Cash Cheque Debit