



## Program Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

*please circle primary number*

Allergies/Medical Conditions: None  Yes  Please List: \_\_\_\_\_

Signs/Symptoms/Details: \_\_\_\_\_

### Parents' Names

Mom \_\_\_\_\_ Email \_\_\_\_\_

Dad \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ Phone # \_\_\_\_\_

*This a person other than mom or dad that we can call in case we cannot get a hold of you first*

**Child's Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Name of Program(s) Registered: \_\_\_\_\_ Time: \_\_\_\_\_

Days Each Week: **Mon** **Tues** **Wed** **Thus** **Fri** Start Date: \_\_\_\_\_

**Monthly Cost:** \_\_\_\_\_ **Contract Period:** \_\_\_\_\_

*(contract can be cancelled if 30 days' notice is given up to March 1<sup>st</sup>)*

### Payment:

- A Completed Application Registration fee of \$100 (non-refundable)
- Cheques Payable to Little Scholars Academy Inc
- Visa/ Mastercard #: \_\_\_\_\_ Ex: \_\_\_\_\_ CVC: \_\_\_\_\_
- I authorize Little Scholars Academy to charge my visa on a monthly basis in the amount of \$ \_\_\_\_\_  
\_\_\_\_\_ (initial)

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_