

Saturday Workshops

Parent Information

Mothers Name: _____ **Work #:** _____

Cell #: _____ **Email:** _____

Fathers Name: _____ **Work #:** _____

Cell#: _____ **Email:** _____

Address: _____

Emergency Contact: _____

Participants Information:

Surname: _____ **First Name:** _____

Birth Date: _____ **Sex: M / F**

Allergies or heath concerns: _____

WS month: _____ **Hours:** _____

Participants Information:

Surname: _____ **First Name:** _____

Birth Date: _____ **Sex: M / F**

Allergies or heath concerns: _____

Days and month registering for : _____

Hours: _____

Additional Information: _____

Promo code: _____

How did you hear about this program? _____

Submission of this form online does not guarantee placement. If you have not received confirmation within one week prior to workshop please call: 647-881-KIDS(5437) If leaving workshop there will be no refunds with less than 1 month notice. With more than 1 month notice a 25% cancellation fee will be charged. No refunds or credits for missed days due to illness etc... Notices must be received in writing. \$15.00 charge for NSF cheques. Please notify Main Street Kids if child will not be attending

Total amount: _____ **Paid:** _____

Method of Payment: Cash Cheque emll transfer

Signature: _____ **Date:** _____

www.mainstreetkids.ca + 647-881-KIDS(5437) + 157 Unionville Main Street