



REGISTRATION FORM

Date: _____

Family Information

Adult's Name	_____	Tel (home)	_____
Address	_____	Tel (work)	_____
City, Postal Code	_____	Tel (cell)	_____
E-Mail Address	_____		

Class Registration

Child's Name	_____	Birthday	_____	Gender	_____
Class Name	_____	Class Day	_____	Class Time	_____
Child's Name	_____	Birthday	_____	Gender	_____
Class Name	_____	Class Day	_____	Class Time	_____

Check-Out

You are welcome to pay Cash, Debit, Visa, or MC.

Program Fees	_____	Card Type	<input type="radio"/> VISA <input type="radio"/> MC
Applicable Discounts	- _____	Credit Card #	_____
Fee Subtotal	= _____	Expiry Date	____ / ____
HST (13% of subtotal)	+ _____	Customer Signature	_____
Total Paid	=====		

How did you hear about us?

A Member (Name: _____) Advertising (Please specify: _____) Other _____

THANK YOU!