



CREATIVE KIDS LEARNING CENTERS

READY TO READ REGISTRATION FORM

*All Areas Must Be Filled Out * (Information is kept confidential)

Child's Name: _____ Date of Birth: _____ Age _____

Address: _____ Home Phone: _____

_____ Family E-mail: _____

Mother's Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

_____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

_____ Cell Phone: _____

Emergency Name(s): _____ Phone: _____

_____ Phone: _____

(Please let the people above know they may be contacted in case of emergency)

Does your child have allergies?: _____

Is there anything that we should know about your child's health?: _____

I hereby give my permission to the teacher in the "Ready to Read Program" to call a physician or ambulance in case of a serious emergency **if I cannot be immediately reached.**

Parent Signature: _____ Care Card: _____

Physician's Name: _____ Phone Number: _____

A registration fee of \$35.00 is required to ensure your child a place in the program and is not refundable. The program runs from September to May. There will be no refund on monthly fees of \$65.00 (1 day per week) **OR** \$130.00 (2 days per week) or any portion thereof, regardless of sickness, school holidays or family vacations. I agree to submit 9 post dated cheques for program fees and give one full month's notice of withdrawal for my child from the program, in writing. After receiving one month's notice, all unused post dated cheques will be returned. **There will be a \$25.00 charge on all returned cheques.**

I would like my child to attend 1 day per week (Wed): _____ 2 days per week (T/Th): _____

Date of Registration: _____ Registration Fee Paid: _____ Cheques Received: _____

I have read the information on the Ready to Read Program and understand the policies and procedures as explained.