



Willow Children's Garden

Registration

15 Blackforest Drive
Richmond Hill, Ontario
L4E 2P6

905-773-4662

Child's Name: _____

Birth Date: _____ Age: _____ Gender: M F (circle one)

Names of Parents/Guardians: _____

Street Address: _____

Town/City: _____ Postal Code: _____

Telephone Number: _____

Email address: _____

Mailing Address (if different from above) _____

Names and Ages of Child's Siblings: _____

I am interested in this class because: _____

I would like to register for:

Joyful Beginnings (Parent & Infant to age 18 months)
\$100 / 7 week session (12:30 – 2:00 p.m.)

Playful Discoveries (Parent & Child 18 months – 3 years)
\$250 / 10 week session (9:15 – 11:45 a.m.)

Session Start Date: _____ Day (please circle): MONDAY TUESDAY

Please make cheques payable to: **Willow Children's Garden.**

Registrations submitted by mail should be sent to:
Willow Children's Garden
15 Black Forest Drive
Richmond Hill, Ontario
L4E 2P6

Office Use Only

Date received:

Time received:

Order:

Associated Registrations:

Payment:

Child's OHIP Health Card # _____

Family Doctor: _____ Telephone: _____

Family Doctor's Address: _____

Emergency Contact Information:

1st Parent Name: _____ Place of Work: _____

Work Telephone: _____ Cell Phone: _____

2nd Parent Name: _____ Place of Work: _____

Work Telephone: _____ Cell Phone: _____

Emergency Contact (please list a person who does not live in the same household as the child but who will be available to respond in an emergency situation should we be unable to contact the parents):

Name: _____

Telephone: _____ Alternate Telephone: _____

Food intolerances or sensitivities: _____

Please list any health concerns of which we should be aware: _____

Signature of Parent/Guardian

Date