

# Registration Form



Child's Name: \_\_\_\_\_  
(Given Name) (Surname)

Date of Birth: \_\_\_\_\_ Male  Female  \_\_\_\_\_  
(Month/Day/Year) Potential Start Date

Applying for Entry Into: Infants  Toddlers  Junior Preschool  JK/SK

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant lives with:

Mother  Father  Stepmother  Stepfather  Grandparents  Other: \_\_\_\_\_

Are applicant's parents divorced or separated? Yes  No

If yes, please specify which: Divorced  Separated

How did you hear about Children's Magic Moments?

Advertisement  Word of Mouth  Other: \_\_\_\_\_

<b>Children's Magic Moments</b>	<b>Office Use Only</b>
\$50 non-refundable deposit	
Registration Date: _____	Child's Start Date: _____
Tour Completed By: _____	Date: _____
Date Deposit Refunded: _____	Cheque #: _____
Reason for Refund: _____	
<b>Waiting List Call Back</b>	
Date: _____	Reason: _____
_____	_____
_____	_____
_____	_____
_____	_____