

CHOICES® REGISTRATION FORM

APPLICANT INFORMATION

Surname:		First Name:	
Middle Initial:	Gender:	Date of Birth:	
Current address:			
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Email:	

SPECIAL CONSIDERATIONS

Special Considerations for your child (Academic or Allergies/Medical)

Academic Considerations/Diagnosed Disorders	Allergies/Medical Issues (additional forms required)

How did you find out about this program? (Circle all that apply)

Oak Park Moms and Tots	Program Flyer	Email
ROCK	Referral from friend	Mail
Website	Internet Forum	Phone

Winter Sessions (dates and times to be confirmed) Please check appropriate box

<input type="checkbox"/> CHOICES for Beginners (4-5 years old) 1 hour sessions	<input type="checkbox"/> CHOICES 2 (9-11 years old) 1.5 hour sessions	All sessions will be held at OPMT OPMT is located at River Glen Mews Plaza 2530 Sixth Line Unit#9 Oakville, Ontario
<input type="checkbox"/> CHOICES 1 (6-8 years old) 1.5 hour sessions	The session is for 6 weeks	

EMERGENCY CONTACT

Name of emergency contact:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship to applicant:		

Please mail, fax, or hand deliver completed application form to:
 Oak Park Moms and Tots
 Attention: Charlene Abrahams
 2530 Sixth Line Unit#9
 Oakville, Ontario
 L6H6W5