

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
Halton Parenting Directory		

Please check appropriate box

<input type="checkbox"/> CHOICES for Beginners (4-5 years old)	All students will be put on a wait list for future programs.	All sessions will be held at OPMT
<input type="checkbox"/> CHOICES 1 (6-8 years old)		OPMT is located at River Glen Mews Plaza
Do you require a subsidy to cover the costs of the program? (Check box) <input type="checkbox"/>	Program dates to be determined Summer 2010/Fall 2010/Winter 2011	2530 Sixth Line Unit#9
Program Fee \$125		Oakville, Ontario

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

charlene@oakparkmomsandtots.ca	P.905.257.6029	F.905.257.4304
--------------------------------	----------------	----------------