

# Registration Form

Child's Full Name:	<input type="text"/>		
Date Of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Address:	<input type="text"/>	Postal Code:	<input type="text"/>
City:	<input type="text"/>	Home Phone:	<input type="text"/>
Mother's Name:	<input type="text"/>	Job:	<input type="text"/>
Father's Name:	<input type="text"/>	Job:	<input type="text"/>
Mom's Cell:	<input type="text"/>	Dad's Cell:	<input type="text"/>
Siblings:	<input type="text"/>		
Emergency Contact:	<input type="text"/>		
Email Address:	<input type="text"/>		
Allergies:	<input type="text"/>		
Alberta Health Care:	<input type="text"/>		

Tax Support: Catholic  Public

How did you hear about our program? \_\_\_\_\_

**NOTE:**

A non-refundable registration fee of \$150.00 is due at the time of this registration as well as a copy of the child's birth certificate.

FOR OFFICE USE ONLY	
Date of Registration Payment:	<input type="text"/>
Alberta Education Number:	<input type="text"/>