



Please check the box, all classes will take place Fridays 11:30am -1:00pm. Children should bring a bagged, nut free lunch. Address: 720 Spadina Avenue, Suite 300.

<input type="checkbox"/> Winter'09: Jan.16 – March 13	\$275.00 (9 classes, includes materials)
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STUDENT INFORMATION:

Name of Student / Age: _____

Home Address: _____

Home Phone Number: _____

Allergies/Medical Conditions: _____

PARENT INFORMATION:

	<u>MOTHER</u>	<u>FATHER</u>
Name:	_____	_____
Home Phone Number:	_____	_____
Work Phone Number:	_____	_____
Mobile Phone Number:	_____	_____
E-mail Address:	_____	_____

EMERGENCY CONTACT:

Name: _____

Phone Number: _____

Relation to Student: _____

Persons Who Are Permitted To Pick Up Child _____

CANCELLATION POLICY:

**Class time missed due to lateness or absence will not be made up.
 A full refund is available if registration is cancelled up to two weeks before the session begins. A
 50% refund is available if registration is cancelled up to one week before the session begins.**

Parent Signature: _____ **Date:** _____

Payment: Visa or MC# Credit Card Holder: Exp Date:	Registration Form Can Be Faxed to: 416 920 5796
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