

intellidance®

Registration Form

First Name : _____

Last Name: _____

Child 1's Name: _____ DOB: _____

Child 2's Name: _____ DOB: _____

Phone: _____

Email: _____

Address: _____

Emergency Information

Contact Name: _____

Relationship : _____

Phone: _____

Health Concerns:

Allergies:

Class Choice (please circle)

Intellidance® Babies

Intellidance® Tykes

Intellidance® Tots

Intellidance® Kids

Location: _____

Day/Time: _____

Payment (please circle)

Cash

Cheque

Members \$60.00 Ermineskin Community League Membership # _____

Non Members \$72.00