

Registration Form

Spring 2020

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) **Payment due at FIRST CLASS or prior at the ECL office**

Cash Cheque (made payable to Ermineskin)

Members \$80

Non-Members \$96.00

Ermineskin Community League Number: _____