



Programs: Registration Form

Parent Information:

Name of Parent/Guardian(s): _____

Mailing address: _____

Town/City: _____ Province: _____

Postal Code: _____

Phone number: Home: _____ Work: _____

Email address: _____

Child's information:

Name: _____

Date of Birth: Year: _____ Month: _____ Day: _____ Gender: Male Female

Program information:

Requested Start Date: _____

Infant Care (Crickets) 11 - 24 months, full day or half day

Toddler Care (Beetlebugs) 24 months - 36 months, full day or half day

Preschool (Dragonflies) 36 months - kindergarten, full day or half day

Days required:

Monday Full day Half day morning Half day afternoon

Tuesday Full day Half day morning Half day afternoon

Wednesday Full day Half day morning Half day afternoon

Thursday Full day Half day morning Half day afternoon

Friday Full day Half day morning Half day afternoon

If we are unable to place your child by the above entry date, would you like your child's name to remain on the waiting list? Yes No

A \$25 non refundable registration fee is payable upon registering your child.

Date paid: _____ Receipt No: _____

Please note: registration does not guarantee a space, though every effort will be made to meet your request.

Parents, please check any Pemberton Childcare Society positions you may be interested in:

Director at Large Fundraising Operations

Committee member at Large Finance Communication

Parent /Guardian Signature: _____ Date: _____

Pemberton Childcare Society

Mail: P.O. Box 684, Pemberton, BC, Canada V0N 2L0

Website: www.pembykids.com Phone: 604 894 1625 Fax: 604 894 1680