

PROGRAM REGISTRATION

CHILD'S NAME _____ AGE: _____

| | <u>CLASS</u> | <u>DAY</u> | <u>TIME</u> |
|----|--------------|------------|-------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

TERM 1 (Sept-Nov) TERM 2 (Dec-Feb) TERM 3 (Mar-May)
TERM 4 (May & June) or TERM 4 (May-July)

2 terms in a row - 5% discount 3 terms (Sept-May) - 10% discount 4 terms(Sept-July) - 15% discount

Credit card #: _____ Expiration: _____

OFFICE USE ONLY

Date: _____ Total: \$ _____

Cost \$ _____ + Registration fee \$ _____ -- Discount* \$ _____

Payment method: VISA MASTERCARD DEBIT CHEQUE CASH

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