



NorthRidge Wee College Registration Form 2010/2011

Cost: \$140 (cheques payable to NorthRidge Church)

_____		_____	M F
Child's Name	Date of Birth Yr/M/D	Sex	
_____		_____	
Parent's/Guardian's Name	Email Address		
() _____	() _____		
Home Phone	Work Phone		
_____		_____	
Address			
_____		_____	
City, Prov. Postal Code			

Alternative Emergency Contacts

Name: _____		Name: _____	
Primary Emergency Contact		Secondary Emergency Contact	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone

Medical Information

Care Card Number _____

Allergies/Special Health Considerations _____

I understand that this is a parent participation program and I will be responsible to sign up to volunteer in the classroom throughout the program. When it is my volunteer day I will bring a healthy snack to share with the class.

Parent's/Guardian's Signature Date
