



174 First Avenue, Ottawa Ontario, K1S 2G4
 (613)276-7974 www.gmcaps.com

Pre - Registration Form for Creative Arts After-School Program (Grades 1-4)

CHILD'S NAME: _____

DATE OF BIRTH: _____

PARENT'S NAME: _____

ADDRESS: _____

TELEPHONE: Home _____ Work _____ Cell _____

E-MAIL ADDRESS: _____

***Please note there is no sibling or program priority placement for the After School Program.

PROGRAM: Please number the day you wish your child to attend in order of preference.

Sept '12 - June '13	After School Pick Up (First Avenue PS)	After School Drop Off
Tuesday		
Thursday		

Sept '13 - June '14	After School Pick Up (First Avenue PS)	After School Drop Off
Tuesday		
Thursday		

Parent's Signature: _____ Date and Time: _____

Name will be placed on a waiting list upon receipt