



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

## Pre - Registration Form for Creative Arts Kindergarten Program

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Did child's siblings attend Good Morning Creative Arts & Preschool core (morning) programs?      YES / NO

If Yes, please provide siblings' name(s) and year(s) they attended.

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM:** Please check the program(s) you wish your child to attend.

Sept '11 - June '12	Lunch Pick Up	Lunch Drop Off	No Lunch
Monday			
Wednesday			
Friday			

Sept '12 - June '13	Lunch Pick Up	Lunch Drop Off	No Lunch
Monday			
Wednesday			
Friday			

Parent's Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_

*Name will be placed on a waiting list upon receipt*