



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

Pre - Registration Form for Creative Arts Preschool Program (3 & 4 year olds)

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.

Tuesday 2011-2012

Tuesday 2012-2013

Tuesday 2013-2014

Thursday 2011-2012

Thursday 2012-2013

Thursday 2013-2014

Tuesday & Thursday
2011 -2012

Tuesday & Thursday
2012- 2013

Tuesday & Thursday
2013- 2014

Parent's Signature: _____ Date and Time: _____

Name will be placed on a waiting list upon receipt