



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

## Pre - Registration Form for Core Morning Programs

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 circle the program you wish your child to attend.

2-Year-old Morning Program 2011-2012 (Tuesday & Thursday)

2-Year-old Morning Program 2012-2013(Tuesday & Thursday)

2-Year-old Morning Program 2013-2014 (Tuesday & Thursday)

3-Year-old Morning Program 2011-2012 (Monday, Wednesday & Friday)

3-Year-old Morning Program 2012-2013 (Monday, Wednesday & Friday)

3-Year-old Morning Program 2013-2014 (Monday, Wednesday & Friday)

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

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