

Thornhill Woods Daycare
(905) 886-4-FUN
WEEKEND PROGRAM REGISTRATION FORM

CHILD INFORMATION

Child's Name _____ M ___ F ___

Date of Birth _____ Age as of September 2007 Yr. & Month) _____

Street Address _____

City _____

Province _____ Postal Code _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Program Name	Start Date	Time	Fee \$

Registration Begins August 5th for all weekend classes.

Payment method:

Cash/Debit ___ Cheque ___ Visa ___ Master Card ___

Credit Card Information:

Name and Signature _____

Card # _____ Exp. Date _____