

AFTER SCHOOL PROGRAM REGISTRATION FORM

Please use one form for all children in the same family and attach a separate cheque, issued to The Toronto Heschel School, for each program

Name of 1st Child: _____ **Grade/Class** _____

Does he/she carry an epipen? Y/N

Does he/she have any allergies?

COURSE	DAY	FEE	Who can pick up my child

Name of 2nd Child: _____ **Grade** _____

Does he/she carry an epipen? Y/N

Does he/she have any allergies?

COURSE	DAY	FEE	Who can pick up my child

Name of 3rd Child: _____ **Grade** _____

Does he/she carry an epipen? Y/N

Does he/she have any allergies?

COURSE	DAY	FEE	Who can pick up my child

Parent's name and signature: _____

Parent's email address: _____

Number where parent can be reached between 4:00-6:00 pm: _____