

East Preston Day Care & Family Resource Centre

Community Workshops Registration Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____

Phone: _____

Medical Information

Health Card: _____ Exp: _____

Allergies: _____

Medical Conditions: _____

Signature (Parent / Guardian if under 18 years of age):

Date:
