

SESSION: Fall Winter Spring Summer
DEPOSIT \$ _____ .00 CHQ. # _____
DEP. RECEIVED ON _____

The Reading Connection Registration Form

A DIVISION OF SAC EDUCATION INC.



Please complete in DETAIL and return with a non-refundable, non-transferable \$100.00 deposit.

Date: _____

*We enroll students from J.K. to Grade 3

1. *Child's Name:* _____ Sex: M ____ F ____

Child's Address: _____

City: _____ Postal Code: _____

Home Phone: () _____ Date of Birth: _____
(Day) (Month) (Year Born)

Child is in currently in Grade _____ *Summer Students: Child is entering Grade _____

Child's Other School: _____

2. *Mother's Name:* _____

Home Address if Different From Above: _____

Mother's Work Address: _____

Mother's Home Phone: () _____

Mother's Cell Phone: () _____

Mother's Work Phone: () _____ E-Mail: _____

3. *Father's Name:* _____

Home Address if Different From Above: _____

Father's Work Address: _____

Father's Home Phone: () _____

Father's Cell Phone: () _____

Father's Work Phone: () _____ E-Mail: _____

4. *Additional Information:*

Allergy/Medical Concerns: _____

Food Restrictions: _____

Other: _____

Please check off desired session: Fall Winter Spring Summer
Please check-off AND MAIL TO desired location: Bathurst/Wilson Dufferin/Summeridge