



# PROGRAM REGISTRATION FORM

7490 Sideroad 7 W, PO Box 125,  
Kenilworth, ON N0G 2E0

[www.wellington-north.com](http://www.wellington-north.com)

519.848.3620

1.866.848.3620 FAX 519.848.3228

Plan to  
Simply Explore.

[www.simplyexplore.ca](http://www.simplyexplore.ca)

## PARENT or LEGAL GUARDIAN INFORMATION:

\*Indicate if Receipt Req'd in Specific Name

MOM Last Name First Name

DAD Last Name First Name

## TELEPHONE NUMBERS:

Home Phone Mom Work

Dad Work

## MAILING INFORMATION:

Mailing Address

Town Postal Code

Parent or Legal Guardian must be a resident of the Township of Wellington North or **Non-Resident Fee Applies.**

TOWNSHIP

Email Address

## EMERGENCY CONTACT:

Last Name First Name

Relationship to Participant Phone Number

## PARTICIPANTS: Please state first choice and alternate activities.

PARTICIPANT 1 (Supply First & Last Name)		Arthur	Mt. Forest	SESSION #	START TIME	LEVEL	COST
NAME		1 <sup>ST</sup> Choice					\$
AGE	Male <input type="checkbox"/> Female <input type="checkbox"/>	2 <sup>ND</sup> Choice					
BIRTH DATE		3 <sup>RD</sup> Choice					
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)							\$
Please list any Medical Condition you would like to notify us of.						TOTAL	\$

PARTICIPANT 2 (Supply First & Last Name)		Arthur	Mt. Forest	SESSION #	START TIME	LEVEL	COST
NAME		1 <sup>ST</sup> Choice					\$
AGE	Male <input type="checkbox"/> Female <input type="checkbox"/>	2 <sup>ND</sup> Choice					
BIRTH DATE		3 <sup>RD</sup> Choice					
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)							\$
Please list any Medical Condition you would like to notify us of.						TOTAL	\$

Parent or Legal  
Guardian Signature  
ONLY:

Date \_\_\_\_\_

FOR OFFICE USE ONLY

FEE PAID: \_\_\_\_\_

Cash  Cheque  Debit

No refunds will be granted once a program has started. If a person registered cancels prior to the first lesson of the program a full refund less a \$10 administrative fee will be granted. Medical related cancellations will be given a full refund with a valid medical certificate. If half of the program has been completed, a refund will not be given. Should any program be cancelled by the Parks and Recreation Department a full refund will be granted.

**PARTICIPANTS: Please state first choice and alternate activities.**

PARTICIPANT 3 (Supply First & Last Name)				Arthur	Mt. Forest	SESSION #	START TIME	LEVEL	COST
NAME				1 <sup>ST</sup> Choice					
AGE		Male <input type="checkbox"/>	Female <input type="checkbox"/>	2 <sup>ND</sup> Choice					
BIRTH DATE				3 <sup>RD</sup> Choice					
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)									
Please list any Medical Condition you would like to notify us of.								TOTAL	

PARTICIPANT 4 (Supply First & Last Name)				Arthur	Mt. Forest	SESSION #	START TIME	LEVEL	COST
NAME				1 <sup>ST</sup> Choice					
AGE		Male <input type="checkbox"/>	Female <input type="checkbox"/>	2 <sup>ND</sup> Choice					
BIRTH DATE				3 <sup>RD</sup> Choice					
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)									
Please list any Medical Condition you would like to notify us of.								TOTAL	

PARTICIPANT 5 (Supply First & Last Name)				Arthur	Mt. Forest	SESSION #	START TIME	LEVEL	COST
NAME				1 <sup>ST</sup> Choice					
AGE		Male <input type="checkbox"/>	Female <input type="checkbox"/>	2 <sup>ND</sup> Choice					
BIRTH DATE				3 <sup>RD</sup> Choice					
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)									
Please list any Medical Condition you would like to notify us of.								TOTAL	

PARTICIPANT 6 (Supply First & Last Name)				Arthur	Mt. Forest	SESSION #	START TIME	LEVEL	COST
NAME				1 <sup>ST</sup> Choice					
AGE		Male <input type="checkbox"/>	Female <input type="checkbox"/>	2 <sup>ND</sup> Choice					
BIRTH DATE				3 <sup>RD</sup> Choice					
NON-RESIDENT FEE (add \$18/session if not a permanent resident of Township of Wellington North or Southgate)									
Please list any Medical Condition you would like to notify us of.								TOTAL	

No refunds will be granted once a program has started. If a person registered cancels prior to the first lesson of the program a full refund less a \$10 administrative fee will be granted. Medical related cancellations will be given a full refund with a valid medical certificate. If half of the program has been completed, a refund will not be given. Should any program be cancelled by the Parks and Recreation Department a full refund will be granted.

Date \_\_\_\_\_ Parent or Legal Guardian Signature ONLY: \_\_\_\_\_

FOR OFFICE USE ONLY

FEE PAID: \_\_\_\_\_  Cash  Cheque  Debit