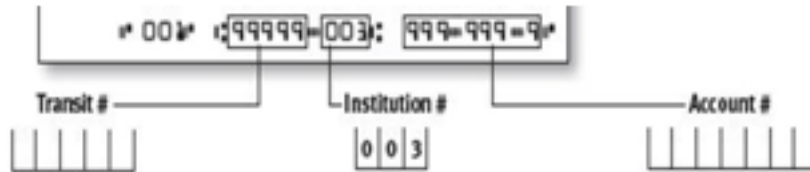


PAYMENT METHODS: Please select ONE payment method below:

***NSF Fee \$50*

POST-DATED CHEQUES / BANK DRAFT (ALL cheques must be received with this package)

AUTOMATIC WITHDRAWAL (Pre-Authorized Payment): For Automatic Withdrawal, please attach a void cheque or complete the following banking information:



Transit # _____ (5 Digits) Institution # _____ Account # _____

CREDIT CARD

Credit Card Number: _____ Expiry: _____ / _____

Name of Cardholder: _____

I authorize River Valley School to withdraw payments from the indicated bank account / credit card above.

PRINT NAME): X _____

SIGNATURE: X _____ DATE: _____

*Payment will be processed on **June 17**, with a NO cancellation policy as we will need to book field trips/special guests and hire staff to work during this time. Thank you!



1. PARENT CONTACT INFORMATION

Parent 1 Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Address: _____
Email: _____

Parent 2 Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Address: _____
Email: _____

2. EMERGENCY CONTACT INFORMATION- to be used only if parents cannot be reached.

Contact 1 Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Address: _____
Email: _____

Contact 2 Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Address: _____
Email: _____

People authorized to pick up child:

3. HEALTH CONCERNS

Are immunizations up to date: YES NO

Allergies: _____

Reactions: _____

Medications: _____

4. Does your child have any special needs we need to be aware of?

5. I have read and fully completed the registration form. I will maintain current information with the program, and any changes in place of residence, home, work, and/or cell phone numbers, persons having access to child, emergency contact information, etc., will be reported promptly.

Parent/Guardian Signature

Date