

PRESCHOOL OF THE ARTS MUSIC TOGETHER® REGISTRATION FORM



CHILD

Surname: _____
First Name: _____
Home Address: _____
Postal Code: _____ Telephone: _____ Birth date: _____
Allergies or Special Medical Conditions: _____

PARENTS

Email Address(es): _____
Names: _____
Home Address: _____
Occupation: _____
Work Address: _____
Work Phone: _____

OTHER CHILDREN IN HOME: _____

Names & Ages _____

Location: 115 Askin Street or 600 Lawson Road

(Please refer to website for class days and times)

1st Choice (day and time) 2nd Choice (day and time)

My child also attends: _____

I hereby grant permission for photographs of my child to be taken during class and to be used for the preschool album. Yes No

Parent/Guardian Signature: _____

Date: _____

Please choose the day and time that you would like to attend. You may reserve your spot for the winter and spring sessions.
Please use the regular form for immunization.