



PATRO  
REGISTRATION  
Cost per week



1<sup>st</sup> child: 50\$  
3<sup>rd</sup> child: 40\$

2<sup>nd</sup> child: 45\$  
11\$ per day

Child care service: 5\$/day:    yes \_\_\_    no \_\_\_

WEEKLY CHOICES

June 27 – July 1rd    \_\_\_                      July 25 – 29:    \_\_\_  
July 4 - 8:    \_\_\_                                      August 1 - 5:    \_\_\_  
July 11 - 15:    \_\_\_                                    August 8 – 12 :    \_\_\_  
July 18 - 22:    \_\_\_

Family name: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_                      Date of birth: \_\_\_\_\_

Health card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # : \_\_\_\_\_

Emergency # : \_\_\_\_\_

Special considerations: \_\_\_\_\_

In case of emergency, I hereby authorize the Patro's staff to make the necessary decisions regarding my child's health.

Please print:

Legal guardian's name: \_\_\_\_\_

Guardian's family name: \_\_\_\_\_

Need income tax receipt:    YES \_\_\_ NO \_\_\_

Full name: \_\_\_\_\_

S.I.N. (necessary) \_\_\_\_\_

Signature: \_\_\_\_\_

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