



**PATRO
REGISTRATION**
Cost per week

1st child: 50\$ 2nd child: 45\$
3rd child: 40\$ 11\$ per day

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

WEEKLY CHOICES

June 28th - July 2nd: ___ July 26th -30th: ___
July 5th - 9th: ___ August 2nd - 6th: ___
July 12th - 16th: ___ August 9th - 13th: ___
July 19th - 23rd: ___

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: _____

Signature: _____

PATRO 819-683-3347



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