



# SONWORLD ADVENTURE PARK REGISTRATION FORM

**Family Name:**

Parents names	
Street	
Town	Postal Code
Phone #	Emergency number
Email	
Home Church	

**Child 1 Name**

Birthday	grade entering in September 07
Allergies / Special needs	
Health Card	
1 <sup>st</sup> Elective Choice	
2 <sup>nd</sup> Elective Choice	
3 <sup>rd</sup> Elective Choice	

**Child 2 Name:**

Birthday	grade entering in September 07
Allergies / Special needs	
Health Card	
1 <sup>st</sup> Elective Choice	
2 <sup>nd</sup> Elective Choice	
3 <sup>rd</sup> Elective Choice	

**Child 3 Name:**

Birthday	grade entering in September 07
Allergies / Special needs	
Health Card	
1 <sup>st</sup> Elective Choice	
2 <sup>nd</sup> Elective Choice	
3 <sup>rd</sup> Elective Choice	

I will drop my child off at 9:00am and pick them up promptly at 12:20pm or 3:00 pm, depending on their group. I will attend the lunch and show on Friday at 12:30 pm, or make other arrangements to have my child picked up on Friday by 12:30 pm.

Parent / Guardian Name:

Signature:	Date:
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Date Received : _____	Fee Received: _____	Cheque _____
Processed	Elective notice sent	