



**Millet Out of School Care  
REGISTRATION FORM**

Child's Name: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
d mon. yr

Age \_\_\_\_\_

Alberta Health Care#: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**(Must be filled in)**

**(Must be filled in)**

Work Phone: \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR LIMITATIONS?** (i.e.: allergies, physical challenges, learning disabilities, emotional difficulties etc...)

YES \_\_\_ NO \_\_\_ (If yes, please describe and include any medications)

\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FEES**

MEMBERSHIP FEE \$25 year  
BEFORE SCHOOL \$100 per month  
AFTER SCHOOL \$180 per month

All registration fees are due on or before the first day of each month. All fees are required to be submitted, by post-dated cheque, for each month from September to June. Failure to comply may result in removal from services. A \$25 fee will be charged for every returned cheque.

I have read and understand the above requirements in fulfilling my child's registration.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
date

Registered Charitable Organization No. 106804651RR0001

A good place to be

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