

Registration Form

Parent					
Surname		First name			
Address, Street		Apt.	City		
Province	Postal Code	Date of birth YY MM DD	<input type="checkbox"/> M <input type="checkbox"/> F	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	
Home telephone ()		e-mail address			
		Library card number			

Participant 1			<input type="checkbox"/> M <input type="checkbox"/> F
Surname / Name		Date of birth YY MM DD	
Age	Library card number		

Participant 2			<input type="checkbox"/> M <input type="checkbox"/> F
Surname / Name		Date of birth YY MM DD	
Age	Library card number		

Participant 3			<input type="checkbox"/> M <input type="checkbox"/> F
Surname / Name		Date of birth YY MM DD	
Age	Library card number		

If your child cannot attend an activity that he or she is registered for, please inform us 24 hours in advance, otherwise, a \$2 fee will be applied. This gives us the opportunity to offer the activity to another child.

Optional

I give my permission to Pointe-Claire Public Library to freely use my picture (or that of my child) on information documents, leaflets, publicity, web site, etc. promoting the library's services.

SIGNATURE _____

DATE _____