
Parent/Guardian Information:

Father/Guardian's First Name: _____ Last Name: _____

Mother's First Name: _____ Last Name: _____

Home Address: _____ Apt. Num.: _____

City: _____ Province: ON Postal Code: _____

Email: _____ Phone Number: _____ Cell Number: _____

Emergency Contact Information: (other than above individuals)

First Name: _____ Last Name: _____

Relationship to student: _____ Contact Number: _____

Students' Information:

1) First Name(s): _____ Last Name: _____

Gender: Male Female Current Age: _____ Day school attended: _____

2) First Name(s): _____ Last Name: _____

Gender: Male Female Current Age: _____ Day school attended: _____

3) First Name(s): _____ Last Name: _____

Gender: Male Female Current Age: _____ Day school attended: _____

Medical Problems (Allergies/illnesses/medication): _____

Method of Payment:

\$50 / 5 sessions \$100 / 10 sessions

Parent/Guardian Name: _____ Signature: _____ Date: _____