

Child#1

Last Name:

First Name:

Birth date: (dd/mm/yy) _____//_____//_____

Circle M / F New / Returning Member

Program: E1 ½ day, E1 Full Day, E1 2 Day, E2 Full Day, E2 2 Day, K Program

Health Concerns/ Allergies/ Medications: _____

Child #1 Program Fee:

Applicable BC Alpine Program Fee:

Child #1 total cost:

Child#2

Last Name:

First Name:

Birth date: (dd/mm/yy) _____//_____//_____

Circle M / F New / Returning Member

Program: E1 ½ day, E1 Full Day, E1 2 Day, E2 Full Day, E2 2 Day, K Program

Health Concerns/ Allergies/ Medications: _____

Child #1 Program Fee:

Applicable BC Alpine Program Fee:

Child #2 total cost:

Child#3

Last Name:

First Name:

Birth date: (dd/mm/yy) _____//_____//_____

Circle M / F New / Returning Member

Program: E1 ½ day, E1 Full Day, E1 2 Day, E2 Full Day, E2 2 Day, K Program

Health Concerns/ Allergies/ Medications: _____

Child #3 Program Fee:

Applicable BC Alpine Program Fee:

Child #3 total cost:

Child#4

Last Name:

First Name:

Birth date: (dd/mm/yy) _____//_____//_____

Circle M / F New / Returning Member

Program: E1 ½ day, E1 Full Day, E1 2 Day, E2 Full Day, E2 2 Day, K Program

Health Concerns/ Allergies/ Medications: _____

Child #4 Program Fee:

Applicable BC Alpine Program Fee:

Child #4 total cost: