## **Registration Form**

Name of Child :		Sex : 9 masculin 9 feminin	
Address :			
Name of Father :			
Telephone : Office :			
Name of Mother :	~		
Telephone : Office :	_ Residence :	Cell :	
Person to contact in Fredericton & T	el. :		
(Other than Parentü)			
Marital status : 9 single 9 m	arried 9 widowed	9 sererated	9 divorced
Swimming Info : " Cannot swim " Novice " Intermediate(advanced)			
Medical Information Illness or allergy of the child :			_
Date of Birth : Medicar	e Number :		pirv date :
Date of Birth :Medicar Name of family doctor :	Telephone	· ·	r <i>J</i>
I authorize my child to participate in territory of the "Centre Communauta		eld outside of the	e
Signature of a parent :	I	Date :	_
Indicate the session(s) of your choice		"	
June 23 to June 27 "	July 28 to August 3		
Julie 30 to July 4	August 4 to August 8		
July 7 to July 11 "	August 11 to August 15		
July14 to July18July21 to July25	August 18 to August 22 August 25 to August 29		
July 21 to July 25	August 25 to August 29		
<b>Cheques are payable to :</b> <b>Au P'tit Monde de Franco Inc.</b> 715 Priestman Street Fredericton, N.B. E3B 5W7			

The inscription forms must be returned to the above address as soon as possible.