

Leduc #1 Energy Discovery Centre



July 19th August 7th August 23rd

Child Information

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Name:					
First				Last	
Phone Number:			Date o		
Address:				MM/DD/YY	
City/Town				Province	
Healthcare Number:					
Registration	Cost	: \$40/child pe	er day		
ayment Method (check c	ne)	Cash	Visa	Master Card	
Register: By Phone: 780-9	987-4323	By Fax: 780	0-987-4365	By Email: info@leducnumber1.com	
Guardian Information					
Guardian Name:	First			Last	
Phone Number:				Last	
Alternative Emergency Co	ontact Nan	ne.			
Mornative Emergency ex	Si itaot i vari	<u> </u>	First	Last	
Phone Number:					
FOIP	of Info	ormation and F	Protection of Factivities that i	he day. In accordance with the Freedorivacy Act, do you authorize us to take no lude your child and to use them in bonal materials?	
Yes No) Sian	ature:		Date:	