Art in Your Backyard Monique Froehler

Registration Form 6 Sawgrass Circle, Ashton ON

K0A 1B0

 Tel. 613-296-5253

 monique\_froehler@hotmail.com

**Child’s Name: Age:**

**Date of Birth:**

**Parent/Guardian Name:**

**Email:**

**Home Phone: Cell/Work**

**Emergency Contact & Tel#**

**Program:**

**Program Time:**

**Method of payment:** Cash/Cheque

Are there any allergies or medical concerns regarding your child that I need to be aware of? Yes/No

If yes please explain:

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