



COMMUNITY SERVICES DEPARTMENT
94 VICTORIA STREET EAST
EXETER, ON N0M 1S1

PHONE: 519 235 2833
WEBSITE: WWW.SOUTHURON.CA
EMAIL: COMMUNITYSERVICES@SOUTHURON.CA

Parent/Caregiver Name(s): _____

E-mail: _____

FULL Mailing Address: _____

Phone Number(s): _____ / _____ / _____

Emergency Contact: _____ Phone Number: _____

1) Name of Child: _____ DOB: _____

Program: _____ Time: _____

Start Date: _____ End Date: _____

2) Name of Child: _____ DOB: _____

Program: _____ Time: _____

Start Date: _____ End Date: _____

3) Name of Child: _____ DOB: _____

Program: _____ Time: _____

Start Date: _____ End Date: _____

Are there any allergies, health or other concerns staff need to be aware of?

OFFICE USE ONLY	
Program(s) Fee: _____	Payment Type: _____
Date of Payment: _____	Staff Signature: _____

Personal information contained on this form is collected, maintained and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act and said information will be used only to facilitate registration for Municipal programs, to produce statistical reports, and to provide inclusive programming. Questions about this collection should be directed to the Municipal Clerk at 519-235-0310