

READERS-WRITERS SUMMER WORKSHOP

www.r-wsw.org

Student Registration Sheet

Please check one of the following programs:

(all 3 schools)

(St.Paul's only)

 ENGLISH

OR

 FRE.IMMER.

(k-6)

(cycle 2 & 3, gr. 3-6)

Please complete and return in an envelope with a deposit of \$50.00 (by May 22, 2009) and a post dated cheque for the balance, dated June 12, 2009. (payable to Readers-Writers Summer Workshop)

School selected: _____

Student's Name: _____ age Aug. 1 _____

Address: _____

Medicare card #: _____ exp.date ____/____

Allergies (if any): _____

Parent/Guardian (print): _____

Telephone: Home: _____ Work _____

Cell: _____ Emer: _____

e-mail: _____ @ _____

Student's present school: _____ grade _____

Teacher: _____

Parent/ Guardian signature: _____ date: _____

9:00 A.M. to NOON, from **JULY 27 TO AUG. 14, 2009**

For Office Use Only

Comments :

DATE	PAYMENT	CHEQ #	CASH	BALANCE
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_____	_____	_____	_____	_____
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