

KIDS HAVE STRESS TOO! (KSHT!)© WORKSHOP REGISTRATION

APPLICANT INFORMATION

Surname:		First Name:	
Middle Initial:	Gender:	Date of Birth:	
Current address:			
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Email:	

FAMILY INFORMATION

Names and ages of the children who will benefit from the KHST! Program

Child's Name	Age

How did you find out about this program? (Circle all that apply)

Oak Park Moms and Tots	Program Flyer	Email
Information Sessions	Referral from friend	Mail
Website	Internet Forum	Phone

Workshop dates and times (Circle all preferred dates)

September 30 Session #1		All sessions will be held at OPMT from 7:00-9:00pm.
October 7 Session #2		
		OPMT is located at River Glen Mews Plaza
		2530 Sixth Line Unit#9
The cost for both sessions is \$20		Oakville, Ontario

EMERGENCY CONTACT

Name of emergency contact:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship to applicant:		

Please mail, fax, or hand deliver completed application form to:
 Expanded Learning Concepts
 Attention: Charlene Abrahams
 182 Georgian Drive
 Oakville, Ontario
 L6H6T8

www.expandedlearningconcepts.com

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F.905.257.4304