

Registration:

In order to ensure your spot, please fill the form below and attach a cheque payable to Ronit Kabazo soon after confirming availability by phone/e-mail. You will be notified by e-mail once your registration form has been received.

KidSkills mailing address: Ronit Kabazo
 KidSkills Paediatric Occupational Therapy
 610 East 21st Avenue
 Vancouver, BC V5V 1R7

Program Schedule:

The following program has been structured for 8 sessions and scheduled as detailed below. Please ensure you make note of the following appointments in your calendar as no reminders will be given.

Dates:	July 2009 Mondays 6, 13, 20, 27 Wednesdays 8, 15, 22, 29	August 2009 Mondays 3, 10, 17, 24 Wednesdays 5, 12, 19, 26
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Times:	Morning A 10:00-10:50 B 11:00-11:50	Afternoon C 1:00pm-1:50pm D 2:00pm-2:50pm
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Child Name: _____

Current Grade: _____

Date of Birth (month/day/year): _____

Program format:

Private sessions (\$480); Schedule Month: July August Time: A B C D

OR

Semi-private sessions (\$280):

My child will be joined by a friend: _____ (name)

Schedule Month: July August Time: A B C D

Please assist me find a match* for the following schedule preferences:

Priority 1	Priority 2
Month: <input type="checkbox"/> July <input type="checkbox"/> August	Month: <input type="checkbox"/> July <input type="checkbox"/> August
Time: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Time: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

Name

E-mail

Date

Signature

* Semi-private registrations will be notified no later than 2 weeks prior to the program start date if a match was not found and registration fee will be refunded