

Clota Cottage Occasional Care

In order to secure your child's position in the program we require you to complete this form and return it along with a \$55 deposit. The deposit will be taken off your fees once your child commences in the program. The Parent named on this form will be the Primary contact in an emergency.

Parent's name.....

Child's name.....D.O.B.....

Address.....

Phone number.....

Email address.....

Days Preferred: Monday Tuesday Wednesday

Deposit paid on.....

Second Emergency Contact

Name			Phone Number	
------	--	--	--------------	--

Session	Time	Cost Per Session
All day	9:30 - 2:30	\$55