

Launch Pad Program Registration Form

Participant Information

Name:	Age:
Email:	Phone:
Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> No Preference	
How Did You Hear About this Program? <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other	

Program Selection

Program Name	Start Date	Total Fee
TOTAL:		\$

Acknowledgement

By signing below you are acknowledging that your youth may be taken off the Launch Pad site for field trips and/or for an assignment that is involved within their program.

Signature

_____	_____	_____
Print Name	Parent/Guardian Signature	Date

Launch Pad Subsidy

I feel that our family would be eligible for a Launch Pad subsidy: Yes No

Office Use Only

Total \$ Received: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____	LP Staff Initial: _____	Receipt # _____
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