Type

Subscription form

Children information

First Name :
Last Name :
Date of birth (DD-MM-YYYY) :
RAMQ : Exp :
Gender ***Please choose
Adresse : Appartment:
City : Postal Code:

Parent's informations

Father's name :
Last name
Home phone : Cellphone :
Mother's name :
Last name
Home phone : Cellphone :
Email adress :

Emergency contact
First name : Last name : Phone number :

Activities

☐ Music Lessons **Please choose***** ☐ Dance **Please choose*** ☐ Painting & Drawing
☐ Cheerleading ☐ Yoga ☐ Chess games
☐ Daycamp ☐ Children's party
☐ Other (please specify)

Other informations :

☐ I authorize "École des étoiles" to take pictures/videos and publish them in social media or other.
I authorize "École des étoiles" to send me friendly reminders for subscriptions and other promotionnal offers.

Parent's Signature : Date :

In case of an electronic signature , please fill in your name. Thank you.