**Parent-Child Mother Goose Program®**

**Programme la Mère l’Oie pour parents et enfants®**

**PROGRAM REGISTRATION FORM**

**To reduce paper and postage we ask that you email this form to:** [**info@nationalpcmgp.ca**](mailto:info@nationalpcmgp.ca) **Just save your completed form to your computer in Word format and attach to an email with subject heading: Program Registration Form.**

**You may also mail the form to: Parent-Child Mother Goose Program® 720 Bathurst Street, Suite 500A, Toronto, ON M5S 2R4 Tel: 416.588.5234 Fax: 416.588.1355 Other forms and information may be found at our website at:** [**http://nationalpcmgp.ca/**](http://nationalpcmgp.ca/)

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| **Agency/Organisation Name** | | |
| **Mailing Address** | | |
| **City/Town** | **Province** | **Postal Code** |
| **Phone** | **Fax** | **E Mail** |
| **Contact person(s)** | | |
| **Program Teachers**: | | |
| **This program will be offered in partnership with another organisation. Yes  No**  **Name(s)** | | |
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| **The agency/organisation has paid their annual $40 membership fee:** **Yes  No**  **Not Sure**  Membership information & forms are on our website at: <http://nationalpcmgp.ca/get-involved/memberships/> | | |

**Welcome to the Parent-Child Mother Goose Program family. We wish you well and look forward to receiving your reports.**