



**Parent-Child Mother Goose Program®**  
**PROGRAM REGISTRATION**

Agency/Organisation Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact person(s) \_\_\_\_\_

Program Teachers: \_\_\_\_\_ and \_\_\_\_\_

This program will be offered in partnership with another organisation. Yes  No

Name(s) \_\_\_\_\_

The agency/organisation has paid their annual \$60 membership fee: Yes  No  Not Sure

Membership information & forms are on our website at: <http://nationalpcmgp.ca/get-involved/memberships/>

Thank-you for registering your Parent-Child Mother Goose Program. We wish you well and look forward to receiving your reports. Report forms can be found at: [www.nationalpcmgp.ca/forms.htm](http://www.nationalpcmgp.ca/forms.htm)

Welcome to the Parent-Child Mother Goose Program family!

**The Parent-Child Mother Goose Program®**

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