

# PROGRAM BOOKING FORM

Please photocopy this form and fax to 519-749-8612



## SCHOOL INFORMATION:

School Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_  
Email (required): \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_  
Best Time/Method to Reach You: \_\_\_\_\_

## PROGRAM INFORMATION:

Preferred Date: \_\_\_\_\_ Alternate Date: \_\_\_\_\_  
Preferred Time: \_\_\_\_\_ Alternate Time: \_\_\_\_\_

Program(s) Selected:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade(s): \_\_\_\_\_ Total Number of Students: \_\_\_\_\_

Number of Teachers: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_

Names of Additional Teachers: \_\_\_\_\_  
\_\_\_\_\_

Special Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lunch Room Required? \_\_\_Y \_\_\_N Preferred Lunch Time: \_\_\_\_\_

THIS FORM IS FOR PRE-REGISTRATION PURPOSES ONLY. WE WILL CONTACT YOU TO CONFIRM YOUR BOOKING.

**For more information contact:** 10 King St W., Kitchener ON, N2G 1A3  
Phone: 519-749-9387 ext. 229  
Email: Education@TheChildrensMuseum.ca