



Gulf Islands Centre for Ecological Learning

Mayne Island: SEEDLINGS EARLY YEARS PROGRAM REGISTRATION FORM

Participant's Name: _____

Age: _____ Gender: _____ Birthdate: _____

Name of Participant's Parents/Guardians: _____

Island Phone Number: _____ Cell Phone: _____

Other Phone Number (if applicable): _____

Island Emergency Contact Name & Phone # (not a Parent or Guardian): _____

Participant's Home Phone Number (if different from above): _____

Participant's Home Address: _____

Parent/Guardian E-Mail: _____

Does your child have any allergies or medical conditions we need to be aware of? If so, please describe any procedures we need to know about in an emergency. (use back of page if necessary):

PARTICIPANT'S Medical Number: _____

Please enclose fees in full. Amount enclosed: _____

One week for \$150

Subsidies are available for families who need assistance.

Please contact us to inquire.

Which program are you registering for? (Island and dates needed):

Mail to:

Gulf Islands Centre for
Ecological Learning
c/o Tina Farmilo
270 Georgina Point Rd.
Mayne Island, BC
V0N 2J1

Questions? Contact the Program Coordinator, Tina Farmilo.
E-Mail: tinafarmilo@shaw.ca | Website: www.gicel.ca/programs