



**TERM 2 PROGRAMS 2022
REGISTRATION FORM
LOCATION: EDWARD C. GARTLAND YOUTH CENTRE**

Child's Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

Cell #: _____ Email: _____

School: _____ Grade/Form: _____

Programs (Please tick all that you wish to register for):

Is your child a registered member of the ECG Youth Centre? YES NO

TUTORING 3:30-5:30pm

INTERACT CLUB
Monday- Friday Friday 4:00-5:00pm

GIRLS CLUB
Monday 4:00-5:00pm
TENNIS CLUB Saturday 10:00-12:00pm

ITALIAN CLUB
Monday 4:00-5:00pm
S.T.E.M JNR. Saturday 11:00-1:00pm

FILM AND TV CLUB
Tuesday 4:00-5:00pm
DANCE CLUB Saturday 12:00-1:00pm

BOYS CLUB
Saturday 1:00-2:00pm

S.T.E.M SNR. Saturday 1:00-3:00pm

LIFE SKILLS SNR.(14+)
Wednesday 4:00 -5:00pm
TOASTMASTERS YOUTH LEADERSHIP PROGRAM Saturday 3:00-4:00pm

LIFE SKILLS JR. (10-13)
Thursday 4:00-5:00pm

FITNESS CLUB
Friday 4:00-5:00pm



Parent/Guardian Name: _____ NHIP #: _____

Parent/Guardian Cell #: _____ Email: _____

Parent Guardian Signature: _____

****Please note that your child must be collected from the centre no later than 6pm****