

JANEWAY JAMARAMA SCHOOL REGISTRATION FORM

* required information

Please fill out the form below:

INFORMATION: Contact Name/Principal Name/Team Captain Name

Contact First Name:*

Contact Last Name:*

Daycare Name:

Email:*

STREET Address Line 1:*

Required for COURIER service

MAILING Address Line 2:

Required for Canada Post

City:*

Province:*

ZIP/Postal Code:*

Country:*

Phone:

Additional information (to determine number of stickers and buttons):

How many children attend your daycare? _____

How many staff work at your daycare? _____

Please return this form to:

Janeway Foundation

Fax: 709-777-4489

Email: jamarama@easternhealth.ca