

# JANEWAY JAMARAMA DAYCARE REGISTRATION FORM

## 2020

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 (required 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](mailto:jamarama@easternhealth.ca)