



Name of Program: \_\_\_\_\_

Registration Fee enclosed: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Behavioural Concerns/ Triggers: \_\_\_\_\_

\_\_\_\_\_

Autism Funding Billing#: \_\_\_\_\_ **OR** Cheque enclosed: \_\_\_\_\_

All of Mosaic's programs provide a ratio of 4 participants to 1 instructor. If your child requires a higher level of support, our programs may not be suitable for him/her. All programs are fully refundable until the beginning of the second class, after which they are non-refundable.

Please send this registration form along with program fees and completed Health Form to:

Mosaic Learning Society  
1168 Lugin Place  
Victoria, B.C. V9A 4T3