



Children's Writing Workshop
Pauline Cormier ~ writer, illustrator, publisher
519-204-6702

Skills for Success, Lessons for Life.
www.oxfordlearning.com

REGISTRATION

Author's Last Name:

Author's First Name:

Date of Birth: _____

Age: _____ Male: Female:

Address: _____ City: _____

Province: _____ Postal Code: _____

Parent(s)/Guardian(s) Names: _____

Home Phone: () _____ Contact Number: () _____

E-mail Address: _____

MEDICAL INFORMATION

Please identify any medical conditions/allergies:

DATE: _____