

Referral to TLG Customer Service & POS

Client Information:

Name:		< 19 yrs
Address:		
Email Address:	Phone:	

Referring To:

Laurie Mazur-Modular Coordinator	laurie@theliteracygroup.com
40 Ainslie St. Cambridge 300 Victoria St. Kitchener	519-743-6090 x 325
Customer Service Program	POS Workshop

Program Fees:

This client's fees will be covered by YJC funding.

This client will be registered by TLG through MLTSD.

Consent to share contact and/or personal information:

Please share the following information with TLG:

My contact information

My EO registration number (this reduces the amount of paperwork I need to fill in)

Information about my attendance in this program

Information about my skills and/or barriers to learning

Client Signature: _____ Date: _____

Referring Agency:

Contact Name	Email & Phone
Billing Contact	Email & Phone