

Registration Form

Start Date Chile	d's Birth Date			
Child's Full Name	(Male/Female)			
Child's Address	Postal Code			
Child's Home Phone				
Program				
☐ Infant/Toddler Full Day Program ☐ 3 – 5	5 yr old Full Time Program			
☐ Preschool AM (2.5 yrs – 5 yrs) ☐ Sum	nmer Program (Grade K – 5)			
☐ Preschool PM (2.5 yrs – 5 yrs)				
Frequency:				
☐ Full-time ☐ Part-time				
If part-time, circle days Monday Tuesday Wednesday	Thursday Friday			
Designated Family email address				
Mom's Name				
Mom's Home Address	Postal Code			
(if different from child's) Mom's Phone Number: Home	Work Cell			
Mom's Email				
Dad's Name				
	Postal Code			
(If different from child's or mom's) Dad's Phone Number: Home	Work Cell			
Family Dr. Name	Dr's Phone			
Care Card Number				

Consent for Emergency Car	e				
I authorize the staff at the chi	ld care centre to call a	nedical practitione	r or an ambula	ınce / transport	
Your child to emergency med	lical care, in the case	of accident or illness	of my childre	n, if the parent (can
not immediately be reached.	☐ YES ☐ NO				
Alternate Persons Authoriz (Adults, other than parents, a	_	or call for emergency	nurnoses)		
			Authorized	Authorized	
Name	Relationship	Telephone	to Pick Up	to Call	
Person who are NOT AUTHO	RIZED TO PICK UP O	R ACCESS TO MY CI	HILD		
Name Relationship			Telephone		
		•			
Child's Immunization Statu					
Is your child up to date on im	munization? Yes	□ No □			
If no, reason why:					
Health Information Regular Medication and Reas	ons For:				
Allergies and Treatment of	:				
Any concerns/issues regard	ding your child's hea	lth (i.e. seizures, ast	hma, vision, he	earing, etc).	
Any concerns you may have mobility etc.)	ve regarding your cl	nild's development	(i.e. behavior	, speech, langua	ıge,
Favorite food	Least f	avorite food			
Bed time Wak					
		How long to settle?			
Toilet trained?	-	_			
Play Group Experience: Play attended.(Name of program, 1	Date attended, Reasor	for leaving)		ion your child l	has
Date					
					