REGISTRATION FORM

CHILD INFORMATION

Last Name	First Name	Middle Initials	Birthdate	Carecard Number
Allergies				Gender
Special instructions concerning care, mediation, diet, and/or custody.				
Immunizations				

ENROLLING PARENT / GUARDIAN INFORMATION   parents & guardians are authorized persons and are called first in the case of an emergency

Last Name	First Name	Middle Initials	Relationship to Child	Email Address
Street Address		City	Province	Postal Code
Home Telephone	Cellular Telephone	Workplace	Work Telephone	Other Telephone

PARENT / GUARDIAN INFORMATION   parents & guardians are authorized persons and are called first in the case of an emergency

Last Name	First Name	Middle Initials	Relationship to Child	Email Address
Street Address		City	Province	Postal Code
Home Telephone	Cellular Telephone	Workplace	Work Telephone	Other Telephone

AUTHORIZED PERSONS INFORMATION   persons listed here must be adults and have permission to pick up or drop off this child; secondary emergency contacts

Full Name	Relationship to Child	Phone	Alternate Phone
Full Name	Relationship to Child	Phone	Alternate Phone
Full Name	Relationship to Child	Phone	Alternate Phone
Full Name	Relationship to Child	Phone	Alternate Phone

UNAUTHORIZED PERSONS INFORMATION

Last Name	First Name	Relationship to Child	Last Name	First Name	Relationship to Child

FAMILY DOCTOR INFORMATION

Full Name	Phone	Alternate Phone	
Street Address	City	Province	Postal Code

ATTENDANCE SCHEDULE

Monday		Tuesday		Wednesday		Thursday		Friday	
Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart	Arrive	Depart

CONTRACT

Location	Date of Enrollment	Program:	Monthly Fee

SIGNATURES

I/We agree that the information I/We provided is correct.

Date	Enrolling Parent/Guardian	Parent/Guardian	Witness
	X_____	X_____	X_____