



Registration Form

Child's Information

Child's Name:	Date of Birth:
Home Address:	

Programs

<p><i>Morning Programs</i></p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p>	<p><i>Afternoon Programs</i></p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p>
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Parent Information

Mother's Name	Email
Home Address	Work Address
Phone Number / Cell Number	Phone Number
Father's Name	Email
Home Address	Work Address
Phone Number / Cell Number	Phone Number
Name of persons to contacted if parent cannot be reached in case of an emergency during hours of care	
Address	Phone Number
Names of person to whom the child may be released	
1.	2.
	3.

Medical Information

Child's Family Physician	
Address	Phone Number
Child's Ontario Health Card Number	
Child's previous history of communicable diseases	
Special medical conditions	
Symptoms of child's ill health (indicate child's usual reaction to illness eg. high temperature, flushing, vomiting, irritability, etc.)	
Child's allergies	

Other

Medical treatment, drug or medication to be administered during the hours the child is receiving care (written and signed instructions must be provided by a parent of the child)		
Special requirements for diet, rest or exercise (written and signed instructions must be provided by a parent of the child)		
Other information		
Signature of parent	Date	
	Date of admission	Date of discharge