

**PRESCHOOL REGISTRATION 2019-2020**

Child's Family Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies: \_\_\_\_\_ Health Card # (optional) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Symptoms of Ill Health: \_\_\_\_\_

\_\_\_\_\_

Parent 1: Full Name: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_

Cell: \_\_\_\_\_

Parent 2: Full Name: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_

Cell: \_\_\_\_\_

Guardian/Sitter's Full Name (if applicable): \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_

Cell: \_\_\_\_\_

Address of Child's Residence: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Person with whom Child Resides: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_