

PRESCHOOL REGISTRATION 2015-2016

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: _____