

REGISTRATION FORM

Child's name (first/middle/last) _____

Birth date _____

Address _____ City _____

Postal Code _____ Phone _____

Email _____

Mother's name _____ Father's name _____

Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____

Cellphone _____ Cellphone _____

Child resides with: Both Parents Mother Father Other _____

PROGRAMS

5 mornings per week primary

5 afternoons per week primary

5 full days per week primary

5 full days per week elementary (grades 1,2,3,4)

EMERGENCY CONTACTS **If parents cannot be contacted, please notify:**

Name _____

Name _____

Phone _____

Phone _____

Relationship _____

Relationship _____

MEDICAL INFORMATION - Please attach a copy of your child's immunization record

Child's Doctor _____ Phone _____

Address _____

Child's Ontario Health Card Number _____

Allergies _____

Are any of these allergies life threatening? Yes (please attach details) No

Other medical conditions _____

I authorize the following people to pick up my child from school:

Name _____

Name _____

Phone _____

Phone _____

Relationship _____

Relationship _____

I allow my child to be in school pictures:

I do not want my child to be in school pictures:

Please check off the following when completed:

I have read the Guidelines for Parents information sheet.	
I have filled out and signed/dated this Registration Form.	
I have attached a copy of my child's immunization record to this Registration Form.	
I have attached the post-dated cheques to this Registration Form.	
I have attached a copy of my child's birth certificate (elementary students only) to this Registration Form.	

Parent/Guardian Signature(s) _____ Date _____