



Pre- Registration Form

CHILD INFORMATION

Child's Full Name:

Last _____ First _____ Middle _____

Date of Birth: _____

Child's Gender: Male _____ Female _____

Date to start the care: _____ Today's date: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____ Telephone: _____

Parent / Guardian:

Name: _____ Occupation: _____

Work Address: _____

Work Telephone: _____ Cell Phone: _____

Home Address (if different from above) _____

Email: _____

Parent/ Guardian:

Name: _____ Occupation: _____

Work Address: _____

Work Telephone: _____ Cell Phone: _____

Home Address (if different from above) _____

Email: _____

Family Physician/Pediatrician: _____

Address: _____ (Print full address including City and Postal Code)

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Allergies _____