

REGISTRATION FORM

PROGRAM NAME APPLICATION (check one that applies):

- Infants (6-17 months) Toddlers (1 ½ - 2 ½ years)
 Pre-Casa (2 – 3 years) CASA (2 ½ - 5 years) Summer Camp

Date of Enrolment: _____

Commencement Date: _____

CHILD INFORMATION (Please print)

Family Name: _____ First Name: _____

Date of Birth (DD/MM/YYYY): ___/___/___ Gender: ___ Current Age: _____

Street Address: _____

City: _____ Province: ON Postal Code: _____

Home Phone: (___) _____ Language(s) Spoken at Home: _____

Dietary Restrictions (Please be specific): _____

FAMILY INFORMATION

MOTHER/GUARDIAN NAME: _____ Home Phone: (___) _____

Home Address: same as child's other: _____

Cell/Pager: (___) _____ Profession/Title: _____

Employer Name: _____ Work Phone: (___) _____

Employer Address: _____

Email Address: _____ Other: _____

FATHER/GUARDIAN NAME: _____ Home Phone: (___) _____

Home Address: same as child's other: _____

Cell/Pager: (___) _____ Profession/Title: _____

Employer Name: _____ Work Phone: (___) _____

Employer Address: _____

Email Address: _____ Other: _____

MEDICAL/SPECIAL NEEDS INFORMATION:

Doctor's Name: _____ Phone Number: _____

Doctor's Address: _____

Child's OHIP information: _____ Expiry Date: _____

Are immunizations up-to-date? _____

My child has the following allergies: _____

My child has the following condition or behavior (medical, academic, social or emotional) that would require special attention: _____

EMERGENCY INFORMATION

<u>Name</u>	<u>Relation to Child</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

PERSONS PERMITTED TO PICK-UP CHILD

<u>Name</u>	<u>Relation to Child</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

Print Signature: _____ Signature: _____

Administration's Signature: _____