

GLENDALE EARLY LEARNING CHILD CARE CENTRE REGISTRATION

Date of Admission _____ Date of Withdrawal _____

Name of Child _____

Surname

Given Names

Male _____ Female _____

Address _____

Telephone _____

Postal Code _____

Date of Birth Day ____ Month ____ Year ____

Family Physician's Name _____

Address _____

Phone Number _____

Name of Father _____

Home Address (if different from child's)

Place of Employment _____

Work Address _____

Telephone _____

Name of Mother _____

Home Address (if different from child's)

Place of Employment _____

Work Address _____

Telephone _____

Number of Children in Family _____

Ages _____

Name of person willing to assume responsibility for child (in case of parent's absence) in case of emergency, accident or illness during school hours:

Name _____

Address _____

Relationship _____

Telephone _____

Does your child require medication for a chronic condition, if so please list? (i.e. epi pens, asthmatic medication, etc): _____

Child's previous history of communicable diseases, conditions requiring medical attention, immunization and/or written objection or any symptoms indicative of ill health:

Is child immunized: _____ yes, _____ no

If yes, please fill out Niagara Region Child Care Information form.

If no, please fill out Statement of Conscience or Religious Belief form.

Does your child have any special requirements for sleep time? (i.e. positioning): _____

Is there any other information or requirements that you would like us to know about? (i.e. toilet training or eating, etc): _____

Care is required from _____ a.m. to _____ p.m.

Child will come to school with _____

Child will be released to _____

Signature of Parent _____ Signature of Supervisor _____

Should there be any changes in information while your child is attending Glendale Early Learning Child Care Centre, please let us know in writing.