



## Registration Form

### CHILD'S PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is your child's immunization up to date? YES                  NO

(If immunization is not up to date, please refer to the Registration Guide for our current immunization policy)

Does your child have allergies, asthma, or a medical condition? YES                  NO

If YES, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have Dietary Restrictions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication? YES                  NO

If YES, please provide details: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Alberta Health Care No: \_\_\_\_\_

\_\_\_\_\_

Any other concerns/information teachers should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT(S) PERSONAL INFORMATION**

Full Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business/Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business/Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

With Whom does the child reside: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

(Other than parent) Address: \_\_\_\_\_

**REGISTRATION INFORMATION**

Program:            AM Play (3+)            PM Extended (4.5+)

Days per week:            2 day            3 day

(Your child must be born in the year 2020 to attend the 3-day program)

Start:            September            January

Community League and Number: \_\_\_\_\_

(A Community League Membership number must be provided to the beginning of the specified Term)

Would you be interested in volunteering for any Field trips? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date