

## **Registration Form**

Name of child	e of child Sex Sex			
Birth Date Enr	ollment Date	(End Γ	Oate)	
Address /Zip Code				
Mother's Full Name		Home phone		
Mom's Cell phone		Mom's Work phone		
Father's Full Name		Home phone		
Dad's Cell phone		Dad's Work phone		
E-mail Perso	on(s) whom the child lives w	with Languag	e spoken at home	
Doctor's name		Doctor's Phone		
Care Card Number				
Allergies/reaction / treatment				
llnesses or medical conditions / symptor	ms / treatment			
Emergency contacts, other than paren	nt/guardian			
Name	Relationship to chil	d	Home / Work Phone	
1	1			

## Persons authorized to pick up child from the child care facility

Name	Relationship to child	Home / Work Phone

If there is a custody agreement, please give details: *Note: A copy of the custody order must be left with the facility manager*.

Please	e bring to Friendship Corner Daycare:
	Application Form
	\$60.00 non-refundable registration fee
	\$40.00 for Earthquake Kit and a family picture
	\$200.00 Deposit (date of Registration)
	12 post-dated cheques
	Immunization records