

KINDERLAND EDUCATION AND CHILDCARE CENTRE

REGISTRATION FORM

Child's Name: _____
Surname Full given name

Address: _____
Postal code: _____ City: _____

Birth Date: _____ F M
Day Month Year

Home Telephone: _____
Mobile: _____

Language Spoken at Home _____

E-mail: _____

Child lives with: Both Parents Mother only Father only Guardian

Parent Information: Married Separated Divorced Single
If separated or divorced who has custody? Mother Father Joint

Address of: Mother Father (If different from above)

Emergency name and telephone number:

1, _____

Home Telephone: _____

Relationship to child: _____

2, _____

Relationship to child: _____

Father/Guardian	Mother/Guardian
Mr. <input type="checkbox"/> Dr. <input type="checkbox"/>	Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>
Father's Name _____	Mother's Name _____
Employer _____	Employer _____
Business Address _____	Business Address _____
_____	_____
Business Telephone _____	Business Telephone _____
Cell Phone _____	Cell Phone _____
E-Mail _____	E-Mail _____
Occupation _____	Occupation _____

Medical Information	Physical restrictions and particulars of child's health which you wish to note
Name of Doctor _____	_____
Doctor's Address _____	_____
_____	_____
Doctor's Telephone _____	Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Epipen Required Yes <input type="checkbox"/> No <input type="checkbox"/>

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Care Requirement: New Application Re-enrolment

Preferred Starting Date: _____ Start Date: _____
Day Mont Year

Hours Required: A.M. P.M. Full Day Drop Off _____ Pick Up _____

Days required: Monday
Tuesday
Wednesday
Thursday
Friday

Does your child have **siblings** that attend Kinderland? _____ NO _____ YES

If yes, please list names and birthdays: _____

Please note which **School** your child attends / will attend _____

Your child will be released only to the following persons other than parents:

1. Name: _____ Relationship to child: _____
Address: _____ Bus. Address: _____
Home Tel. #: _____ Bus. Tel. #: _____

2. Name: _____ Relationship to child: _____
Address: _____ Bus. Address: _____
Home Tel. #: _____ Bus. Tel. #: _____

3. Name: _____ Relationship to child: _____
Address: _____ Bus. Address: _____
Home Tel. #: _____ Bus. Tel. #: _____

Signature of Mother: _____

Date: _____

Signature of Father: _____

Date: _____