

# Bibs to Bookbags

## Child Care Centre Inc.

### Registration Form

#### Child Care Information

On what days of the week do you need child care:

- Monday drop off time \_\_\_\_\_ pick up \_\_\_\_\_
- Tuesday drop off time \_\_\_\_\_ pick up \_\_\_\_\_
- Wednesday drop off time \_\_\_\_\_ pick up \_\_\_\_\_
- Thursday drop off time \_\_\_\_\_ pick up \_\_\_\_\_
- Friday drop off time \_\_\_\_\_ pick up \_\_\_\_\_
- Casual/Drop in only

I would like my child(ren) to start care on: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**\* Parents/Guardians will be required to fill out a monthly contract of care hours by the 25<sup>th</sup> of each month\***

**Contact Information** (parent/guardian(s)) If more than one address, please indicate which one is the child's primary address.

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell) Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell) Email \_\_\_\_\_

**Emergency Contact Person** (if parents/guardians cannot be reached, **must be within 30 mins of the centre**)

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

**Child(ren) Requiring Care**

Child's Name (first and last)	Gender	Child's Birth Date			Attending Preschool, Kindergarten or Grade	Are immunizations up-to-date?
		Month	Day	Year		

If any of these children have allergies, food restrictions or other special needs that we need to be aware of, please tell us about them:

\_\_\_\_\_

People, other than those listed above, authorized to pick up child(ren)

\_\_\_\_\_

Will you be using government fee assistance (subsidy)? \_\_\_\_\_ Client number (if known) \_\_\_\_\_

Do you require more information on government subsidy? \_\_\_\_\_