## PLAY- n- GROW CHILDCARE CENTRE INC.

## **REGISTRATION FORM**

Child's First Name:	Child's Last Name:
Name Child Uses (Nickname):	Child's First Language:
Sex:	
Care Card Number:	Enrollment Date:
Mother's First Name:	Mother's Last Name:
Address:	
Home Phone Number:	
Occupation:	Place of Employment:
Hours of Employment:	Work Phone Number:
Father's First Name:	Father's Last Name:
Address:	
Home Phone Number:	Cellular Phone Number:
Occupation:	
Hours of Employment:	
Family Manding Newsland (# angling lab.)	
Family Medical Number (if applicable):	
Allergies/Reactions/Treatments:	
Family Doctor Tol No.	Addross
Family Doctor Tel.No.	Audress
Illnoss or Modical Conditions (Symptoms /Treatmon	.tc.
illiess of Medical Conditions/symptoms/ freatmer	ts:
EMERGENCY CONTACT OTHER THAN PARENT/GUA	RDIAN
EMENDENCY CONTACT OTHER THAN FARENTY GOA	
First Name:	Last Name:
Relationship to Child:	Home Phone Number:
Work Phone Number:	
First Name:	Last Name:
	Home Phone Number:
Work Phone Number:	Cellular Phone Number:
PERSONS AUTHORIZED TO PICK-UP CHILD FROM D	AYCARE
First Name:	Last Name:
	Home Phone Number:
Work Phone Number:	
	Last Name:

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## **REGISTRATION FORM**

Relationship to Child:	Home Phone Number:
	Cellular Phone Number:
First Name:	Last Name:
	Home Phone Number:
Work Phone Number:	
First Name:	Last Name:
	Home Phone Number:
	Cellular Phone Number:
First Name:	Last Name:
Relationship to Child:	Home Phone Number:
	Cellular Phone Number:
Names of Siblings:	
	the Daycare daily:
	d up from the Daycare daily:
	ts, please give details:
Date:	
	Signature of parent or guardian