

Emergency Information

Emergency Contacts (If parents cannot be reached)**all fields are required

Contact Name: _____ **Relation:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Contact Name: _____ **Relation:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Contact Name: _____ **Relation:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Medical Contacts and Information

Physician: _____ Phone #: _____

Allergies/Medical Conditions: _____

Please note an ongoing medication your child may be using: _____

Any relevant health concerns: _____

Are immunizations up to date: Y / N

Pick Up Information (Additional people authorized to pick up child(ren) from school)

Name: _____ Phone(s): _____

Notes: _____

Name: _____ Phone(s): _____

Notes: _____

Registration Options:

Please check the box(es) of the days you wish to register for:

Day	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	no pm class

Registration Fee Received? YES NO

Payment Type for Monthly Payments: VISA MC DEBIT CHQ

I acknowledge that all the information provided in this form is correct. I have received the Safety Manual and have read and understand the Discipline Policy. I understand that in order to withdraw from the program, I am required to provide one month notice on the first of the month prior to withdrawal.

Parent or Guardian Signature

Date

Blue	Sept 1, 2007 – Mar 1, 2008	<input type="checkbox"/>	Red	Aug 1, 2006 – Jan 1, 2007	<input type="checkbox"/>
Yellow	Feb 1, 2007 – Aug 1, 2007	<input type="checkbox"/>	Green	Jan 1, 2006 – July 1, 2006	<input type="checkbox"/>