



# REGISTRATION FORM

Form Must Be Completely Filled Out (Child Care Licensing Act Schedule 4 Part 3 19(1))

## CHILD INFORMATION

Child's Name	Home Address	Birthday
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## PARENT/GUARDIAN INFORMATION

Mother's Name	Home Address		
Cell Phone	Home Phone	Company Name	Work Phone
Father's Name	Home Address		
Cell Phone	Home Phone	Company Name	Work Phone

## IN CASE OF EMERGENCY

Name	Address	Phone
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## OTHER DETAILS

Physician's Name	Physician's Address		Physician's Phone	
Allergies?	Medications?	Immunizations to Date?	Alberta Health Care #	Waiver Signed (YES) (NO)

Are there any Cultural beliefs or values we need to know about or you would like to share? (feel free to use back)

Notes:

Enrollment Date of Child:

Termination Date:

**Parent's  
Signature:**

**Date:**

**IMPORTANT:** If information changes, this must be updated immediately. It is a regulation to have all the above information on file and in our portable records for field trips. Please ensure you fill out all information with accuracy.