

Child Care Registration Form

NORTH GRENVILLE CO-OPERATIVE PRE-SCHOOL AND LEARNING CENTRE

(For official use)

Indicate days that child care is required: *(Priority will be given to full time requirements)*

- | | |
|---|--|
| <input type="checkbox"/> M/W/F & B/A – (5 day/wk) <input type="checkbox"/> T/TH/F & B/A – (5 day/wk) <input type="checkbox"/> M/W/F - only <input type="checkbox"/> T/THF - only | <input type="checkbox"/> Part Time – <i>(Before and After School - please circle)</i> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <div style="display: flex; justify-content: space-around; font-size: small;"> B A B A B A B A B A </div> |
|---|--|

| |
|------------------------|
| Start Date: |
| Discharge Date: |

| | | | | |
|---------------|-------|-------------|---|--|
| Child's name: | | | Birth date: | |
| Address: | | | <div style="display: flex; justify-content: space-between; font-size: small;"> year month day </div> <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | Prov. | Postal code | Family E-mail address: | |

| | | | | | | | |
|---------------------------------|-----------------|-------------------------------------|-------------|---|--|----------------------------------|-------------|
| <input type="checkbox"/> Mother | | <input type="checkbox"/> Stepmother | | <input type="checkbox"/> Legal Guardian | | <input type="checkbox"/> Partner | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | Prov. | Postal Code |
| Home Phone: | Business phone: | Cell #: | Occupation: | | | | |
| Business Name and Address: | | | | | | | |

| | | | | | | | |
|---------------------------------|-----------------|-------------------------------------|-------------|---|--|----------------------------------|-------------|
| <input type="checkbox"/> Father | | <input type="checkbox"/> Stepfather | | <input type="checkbox"/> Legal Guardian | | <input type="checkbox"/> Partner | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | Prov. | Postal Code |
| Home Phone: | Business phone: | Cell #: | Occupation: | | | | |
| Business Name and Address: | | | | | | | |

| | |
|-----------------------------------|--|
| Siblings: <i>(names and ages)</i> | Individuals authorized to pick up child: <i>(name and phone)</i> |
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| | |

Any individual(s) NOT PERMITTED to pick up your child? *(If yes, name and if necessary, provide a photo)*

| Emergency Contacts: | Phone | Address: | Relationship |
|---------------------|-------|----------|--------------|
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