



Notre Dame School Kinder Care Program

Registration Form

School Year_____

Child's Name_____Birthdate_____Age_____

Gender: M____F____

Mother/Guardian Full Name:_____Phone #:_____

Address:_____Postal Code:_____Cell Ph #:_____

Place of Work:_____Phone #:_____

Address:_____

Father/Guardian Full Name:_____Phone #:_____

Address:_____Postal Code:_____Cell Ph #:_____

Place of Work:_____Phone #:_____

Address:_____

EMERGENCY CONTACT (other than parents/guardians, must speak English)

Person #1_____

Address and Phone #:_____

Person #2_____

Address and Phone #:_____

Family Doctor:_____

Clinic Name and Phone #:_____

Alberta Health Care Insurance Number:_____

Additional Contact Information (if any) _____

For office use: post dated cheques attached

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September - June

ADDITIONAL INFORMATION:

1. A. Any allergies, medical conditions or dietary restrictions we should be aware of?

- B. What steps are to be taken if there is an allergic reaction?

2. Regular medications taken, if any and when/how they are administered.

3. Any particular fears (e.g. the dark, thunder, etc.):_____

4. Child's typical reaction to stress

5. Child's typical reaction to illness (will he/she tell staff?)

6. Favourite activities (e.g. sand/water play, building blocks...)

Cost of Program - \$3,000.00 per year - Can be paid by monthly payments - post dated cheques for \$300.00 each. (attached)

PARENT/GUARDIAN SIGNATURE:_____DATE:_____

Note: This information is being collected and used in accordance with the Freedom of Information and Protection of Privacy laws - FOIPP (1997).