

BRIGHTON CHILDREN'S CENTRE

Daycare Registration Form

2010/2011

Name of Child: _____ Date of Birth: _____

Mailing Address: _____

Telephone Number: _____ E-mail Address: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Place of Work: _____ Place of Work: _____

Work Phone Number: _____ Work Phone Number: _____

EMERGENCY CONTACT PERSON (OTHER THAN PARENTS)

Name: _____ Phone Number: _____

Address: _____ Relationship to child: _____

NAME OF PERSONS TO WHOM THE CHILD MAY BE RELEASED

1) _____ 2) _____

3) _____ 4) _____

MEDICAL INFORMATION

Physician: _____ Health Card #. (optional): _____

Address: _____ Phone Number: _____

Please indicate which of any of the following communicable diseases your child has had:

Red Measles _____ Rubella(German Measles) _____ Chicken Pox _____

Pertussis(Whooping cough) _____ Mumps _____ Hepatitis A _____ B _____

Other _____ List any

Allergies _____

Does your child take any medication daily? YES NO Please list _____

Special requirements for diet, rest and exercise? _____

Any symptoms indicative of ill health? _____

Parent/Guardian's Signature

Date

<p>Office use only: Registered days: Mon____ Tues____ Wed____ Thurs____ Fri____</p> <p>Morning drop off: _____ a.m. Afternoon pick up: _____ p.m.</p> <p>Monthly Fee \$ _____ \$20 Registration Fee Paid? _____ Name for tax receipt: _____</p> <p>Date of Admission _____ Date of Withdrawal _____</p> <p>Post dated cheques received? JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC</p>
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