

BRIGHTON CHILDREN'S CENTRE

Preschool Registration Form

2007/2008

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: _____ Ontario Health Card No.: _____

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

Office use only:	Registered days: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___
Monthly Fee \$ _____	\$20 Registration Fee Paid? _____
Date of Admission _____	Date of Withdrawal _____
Post Dated Cheques Received? Sept ___ Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ June ___	
Name for tax receipt _____	

