

# BRIGHTON CHILDREN'S CENTRE

## Preschool 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 No. (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

**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 \_\_\_