

**FOR AGENCY USE ONLY**

Child's Name:

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Date of Birth:

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Parent's Name(s):

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Street Address:

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Mailing Address (if different from above):

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Phone Numbers:

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Email Addresses:

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Emergency Contact(s):

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Medical Information (ex. Allergies):

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Does your child have their immunizations:

Yes                      No

Days Attended (please circle all that apply):

Monday   Tuesday   Wednesday   Thursday   Friday

I received the following from my care provider (please circle all that apply):

Parent Handbook   Behaviour Policy   Permission Forms   Registration/Contract

If the agency needs to contact me, please use (please circle preferred method):

Email      Phone      Text Message

Additional Information to share with the Agency (i.e. custody arrangements, medications, etc):

<b>FOR AGENCY STAFF TO FILL ONLY</b>			
Infant (up to 18 months)	Toddler (18 months to 3 years)	Preschooler (3 to 5 years)	School Age (5 to 12 years)