



REGISTRATION FORM

Program: _____

Date: _____

WELCOME TO KAWARTHA CHILD CARE SERVICES

Under the Day Nurseries Act, the following information is required to be on file in the program before your child attends. Your co-operation in completing this form is appreciated. **A non-refundable fee of \$40.00 per family must accompany this registration.**

CHILDS' INFORMATION

Child's Name: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ Postal Code: _____
(d/m/y)

Phone#: (_____) _____ School: _____

Teacher: _____ Grade: _____ Room: _____ Bus #: _____

FAMILY INFORMATION

Parent's Name: _____

Parent's Name: _____

Address: _____
(If different than above)

Address: _____
(If different than above)

E-mail address: _____

E-mail address: _____

Employer: _____

Employer: _____

Business Address: _____

Business Address: _____

Business Phone#: (_____) _____

Business Phone#: (_____) _____

Cell Phone#: (_____) _____

Cell Phone#: (_____) _____

EMERGENCY CONTACT PERSON (OTHER THAN PARENT)

Name: _____ Phone#: (_____) _____

Address: _____ City: _____

Relationship to child: _____

PERSONS TO WHOM THE CHILD MAY BE RELEASED

Name	Relationship to child	Phone #



MEDICAL INFORMATION

Physician's Name: _____ Phone: _____

Address: _____

Does this child have any conditions requiring medical attention that the Staff/Provider should be aware of? (Example: epilepsy, diabetes, allergies, special requirements for diet, rest, exercise etc.) Please attach written instructions if necessary.

DAYS AND HOURS CARE IS REQUIRED (If care is sporadic a MONTHLY schedule will be provided by the parent.)

CONTRACTED HOURS

Schedule 1: _____ Schedule 2: _____

✓	Day	Will Arrive:	Will Depart:	Rate	✓	Day	Will Arrive:	Will Depart:	Rate
	Monday					Monday			
	Tuesday					Tuesday			
	Wednesday					Wednesday			
	Thursday					Thursday			
	Friday					Friday			
	Saturday					Saturday			
	Sunday					Sunday			

Child's Start date: _____ Convenient calling time: _____

I support the purpose of the Corporation by being a Full Member of KCCS.

I am interested in becoming a member of the Board of Directors.

How did you find out about our service? _____

Parent's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

FOR SUPERVISOR'S USE ONLY

Registration Fee Received: Cash Cheque Debit Credit Card Deposit: \$ _____

Nature of Parent Fees:

Ptbo Subsidy CKL Subsidy Durham Subsidy Full Fee Other _____

Child's last day of care: _____ Date file closed: _____

