



(Name of Child Care)

Registration Form

Date of Enrollment: _____

Name of Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Doctor: _____ Phone: _____

Full name of Mother: _____

Full name of Father: _____

Mother's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of work: _____ Hours: _____

Email: _____

Father's Address: _____

Home Phone: _____ Work Phone: _____ Cel Phone: _____

Place of work: _____ Hours: _____

Email: _____

Person(s) to contact incase of emergency/Authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



Names of other children in family:

Name: _____

Birthdate: __/__/__

Name: _____

Birthdate: __/__/__

Name: _____

Birthdate: __/__/__

Has child had previous experience away from home? Yes () No () If yes explain:

Are your Child's immunizations up to date? Yes () No ()

If no please explain: _____

Note: attach a copy of immunization record

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Please comment on any other medical information/ or special need the school should be aware of:

I authorize the school to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

(Date)

(Signature of parent/guardian)

(Signature of child care provider)

(Signature of parent/guardian)

Indemnity Clause:

While all reasonable care and safety will be taken for your child, Bunnies Academy Day care and Pre-school Management and staff will not be held responsible for accidents, death, and illness/sickness and allergies that any child may experience while at centre.

I _____ hereby agree to the conditions of regulations, rules and payment of the school fees which I have read and accepted without reserve as detailed.

Signature: _____ Date: _____