



Start Date: _____

Child's Full Name: _____

Date of Birth: _____ Alberta Health Care# _____

Address: _____ City: _____ Postal Code: _____

Parent(s)/Guardian(s) Information:

1st Parent/Guardian

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Postal Code: _____

Contact Information: (Primary #) _____ (Email) _____

Place of Work: _____ (Work #) _____

2nd Parent/Guardian

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Postal Code: _____

Contact Information: (Primary #) _____ (Email) _____

Place of Work: _____ (Work #) _____

Emergency Contacts:

Emergency Contacts (other than parents/guardians) will be contacted when primary parent/guardians are unreachable. These people are also authorized to pick this child up.

Name:	Relation to Child:	Address:	Primary #
1.			
2.			

Other authorized people to pick your child:

Name: _____ Primary # _____

Name: _____ Primary # _____

Name: _____ Primary # _____

Are there any Custodial Orders or people who are NOT authorized to access your child?

Has your Child been diagnosed with any Disabilities or Medical Concerns? Yes No

If Yes, please list: _____

Does your child have Allergies? Yes No

If Yes, please list: _____

Food Restrictions: _____

Is your child on any on-going Medications? Yes No If Yes, please list: _____

Are your child's Immunizations up to date? Yes No

Family Physician: _____ Phone # _____

Address: _____

Please Indicate your child's preferences, habits, fears, or any other important information we must be aware of:

School Information:

School Name: _____ Phone #: _____

Address: _____

Parent/Legal Guardian

I have read and fully understand all aspects of the "Child Registration Form"

Name: _____ Signature: _____

Date: _____