



**LAKEWOOD CHILDCARE CENTRE
& OUT OF SCHOOL CARE**

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: (Home#): _____ (Cell#): _____

Place of Work: _____ (Work#): _____

2nd Parent/Guardian

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Postal Code: _____

Contact Information: (Home#): _____ (Cell#): _____

Place of Work: _____ (Work#): _____

Emergency Contacts:

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

Name:	Relation to Child:	Address:	Phone Number:
1.			
2.			

Other authorized people to pick up your child:

Name: _____ **Phone#:** _____

Name: _____ **Phone#:** _____

Name: _____ **Phone#:** _____

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 any Allergies? ☐ Yes ☐ No

If yes, please list: _____

Food Restrictions: _____

Is your child on any on-going Medications? ☐ Yes ☐ No **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: _____ **Address:** _____

Phone#: _____

Parent/Legal Guardian

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

Name: _____ **Signature:** _____

Date: _____