



<b>OFFICE USE ONLY:</b>	
Registration fee paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Admission Date: _____	
ID #: _____	Age Sheet: <input type="checkbox"/> Invoice Sheet <input type="checkbox"/>
	File <input type="checkbox"/> Emergency info binder: <input type="checkbox"/>
Withdrawal Date: _____	

**Please return this form with a \$25 registration fee per child. Cheques are to be made payable to Play 2 Learn Day Care inc.**

Child's Legal Name: _____	Date of Birth: _____
Home Address: _____	
Mailing Address: _____	
Home Phone: _____	Health Card#: _____
Mother's Name: _____	Work Phone#: _____
Cell Phone#: _____	E-mail: _____
Home address (if different from Child): _____	
Father's Name: _____	Work Phone#: _____
Cell Phone#: _____	E-mail: _____
Home address (if different from Child): _____	

**REGISTERING IN:**

After School Program (3:15pm to 6:00 pm)  
 🚦 Mon.  Tues.  Wed.  Thurs.  Fri.  - \$ 10.00/day.

Other registration information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note: Schedules for care must be submitted before the 1<sup>st</sup> of the month.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorizations For:**  
**Childs Name:** \_\_\_\_\_

**EMERGENCY AUTHORIZATION:**

I am willing for my child, \_\_\_\_\_, to have medical attention and be taken to the hospital in the case of emergency, if I/we cannot be reached.

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**PHOTOGRAPH PERMISSION:**

I am willing to allow my child to be photographed during our program for the purpose of display within the preschool or publication in local newspapers or Play 2 Learn website.

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**NEIGHBOURHOOD WALK AUTHORIZATION:**

I allow my child to participate in neighborhood walks organized by Play 2 Learn. (Play 2 Learn will advise of such walks in advance)

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**FIELD TRIP AUTHORIZATION:**

I allow my child to participate in field trips organized by Play 2 Learn. (Play 2 Learn will advise of such outings in advance)

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

I have received, read and agree to the terms of the POLICIES of Play 2 Learn:

Please sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Important Information For:** \_\_\_\_\_

***Emergency Contact Persons (other than Mother and Father)***

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Additional Authorized Persons for pick up of your child other than emergency contacts.

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

Name 3: \_\_\_\_\_ Name 4: \_\_\_\_\_

***Physician and/or clinic***

Clinic: \_\_\_\_\_ Physician: \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

***Dentist and/or clinic***

Clinic: \_\_\_\_\_ Physician: \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Immunization: Up to Date: Yes  No

Does your child have any allergies: Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Is this allergy severe enough to require medication or emergency treatment? Yes  No

If yes, please describe and detail any medications required: \_\_\_\_\_

\_\_\_\_\_

Is your child currently taking any medication? What is the medication and what is it used for?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any diet restrictions? Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like to tell us about your child to help us provide good care for your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_