



OFFICE USE ONLY:	
Registration fee paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Admission Date: _____	
Emergency info <input type="checkbox"/> Sage <input type="checkbox"/>	
Withdrawal Date: _____	

Kidz Klub

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: _____	Daytime Phone#: _____
Cell Phone#: _____	Other contact info: _____
Home address (if different from Child): _____	
Father's Name: _____	Daytime Phone#: _____
Cell Phone#: _____	Other contact info: _____
Home address (if different from Child): _____	

Important information is shared with our families through e-mail please provide us with your primary e-mail address. If you do not have a primary e-mail address we also provide this information on our communication board.

Primary e-mail address: _____

REGISTERING IN:

Monthly Full Time Before and After School Program Plus 1 Full Day

Drop off Time: _____ Pick up Time: _____

Monthly After School Only Plus 1 Full Day

Drop off Time: _____ Pick up Time: _____

Before School: (7:00 – 8:30) Mon. Tues. Wed. Thurs. Fri.

Drop off Time: _____

After School Program (3:15pm to 6:00 pm) Mon. Tues. Wed. Thurs. Fri.

Please note:

- Without notice there will be a \$5.00 late charge for the first 5 minute over the pick-up time and 1 dollar for every additional minute.
- Schedules for care must be submitted before the 25th of the previous month.
- Additional Full days must be book in advance.

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)

BEFORE AND AFTER SCHOOL DROP OFF AND PICK UP AUTHORIZATION:

I agree for my child, _____, to be walked to school for drop off and picked up after school and the designated area and walked back to Kidz Klub by the designated staff member.

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 am aware that the policy manual is available to me at www.play2learndaycare.ca and at the Daycare. I acknowledge that I do commit to read and follow these policies.

I am aware that if, at any time, I have questions regarding Play 2 Lean Daycares policies I should direct them to The Director or Owner.

I also am aware that Play 2 Learn Daycare, at any time, may on reasonable notice, change, add to, or delete from the provisions of these policies.

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: _____