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| **Glen Cameron For Kids STUDENT REGISTRATION** |
| **Student Information** |
| * Name Program

 * Address Attendance Days

 * City \* Province Enrolled Date: Withdrawal Date:

 * Postal Code \* Phone Number Allergies

 * Date of Birth \* Sex

Notes* Height \* Weight \* Hair Color \* Eye Color

 * Doctor's Name \* Doctor's Phone number

 * Doctor's Address
 |

\* Parent 1 Name

\* Parent 2 Name

\* Home Address

\* Home Address

\* Home Phone

Cell Phone

\* Home Phone

Cell Phone

\* Workplace

\* Workplace

\* Work Address

\* Work Address

\* Work Phone

Extension

\* Work Phone

Extension

Email

Email

**Parent Information**

\* Emergency Contact

Emergency Contact

\* Address

Address

\* Phone

Phone

**Emergency Contacts (Other than parents)**

Pick-Up Contact 1

Pick-Up Contact 2

Pick-up Address

Pick-up Address

Pick-up Phone

Relationship

Pick-up Phone

Relationship

**Pick-up Contacts (Other than parents)**

Name and sex of other children in the family?

Do other family members reside with your child; other than immediate family?

What languages are spoken at home?

Please outline any restrictions that will influence your child during the day at school:

Does your child have any special needs? i.e. vision, hearing, speech, behavioural, physical etc.

Please list child care experience:

Does your child have any fears?

Do you have a sleep preference for your child? (Preschool only)

Is there any other information we need to know?

Does your child attend our school?

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| **Please check boxes if your child has had one of these illnesses.** |
|  Chickenpox  Scarlet FeverVision or Hearing problems Physical Disabilities Emotional DisordersOther Explain: Restriction to Child Care | MumpsDiphtheria |  Epilepsy  Pneumonia |  Bronchitis Tonsillitis |  Asthma Whooping Cough |  German Measles |

Child's name

may participate in all walking supervised excursions from Glen Cameron For Kids.

The above information is correct.

Signature:

Date: