



REGISTRATION FORM

Form Must Be Completely Filled Out (Child Care Licensing Act Schedule 4 Part 3 19(1))

CHILD INFORMATION

Child's Name	Home Address	Birthday
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PARENT/GUARDIAN INFORMATION

Mother's Name	Home Address
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Cell Phone	Home Phone
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Father's Name	Home Address
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Cell Phone	Home Phone
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ALTERNATE CONTACT

Name	Phone
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OTHER DETAILS

Allergies?	Medications?	Immunizations to Date?	Alberta Health Care #	Waiver Signed (YES) (NO)
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Are there any Cultural beliefs or values we need to know about or you would like to share? (feel free to use back)	Notes:
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Parent's Signature:	Date:
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IMPORTANT: If information changes, this must be updated immediately. It is a regulation to have all the above information on file and in our portable records for field trips. Please ensure you fill out all information with accuracy.