



**Jenn's Little Bears Early Childhood Education Centre
Registration Form**

Date of Enrollment _____

First Day of Attendance _____ Last Day of Attendance _____

Child

Name of Child _____

Address _____

Sex _____ Date of Birth _____

First Language _____ Second Language _____

Parents/Guardians

Name _____ Address _____

Home Phone _____ Cell Phone _____

Place of Work _____ Work Phone _____

Email _____ (for newsletter and notices)

Name _____ Address _____

Home Phone _____ Cell Phone _____

Place of Work _____ Work Phone _____

Siblings or other children at home

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Medical Information

**** Attach your child's Immunization Records ****

Family Doctor _____ Phone _____

Care Card Number _____

Emergency contacts to pick up child

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Persons authorized to pick up (other than parents or guardians)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Persons not authorized to pick up

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Has the child had previous experiences away from home? _____

Where? _____ Length of Time _____

How did the child cope? _____

Tell us about your child's eating habits? _____

Tell us about your child's napping habits? _____

Does the child have any of the following?

- Asthma
- Allergies (please list) _____
- Special Diet _____
- Eczema
- Medications

Has the child been vaccinated? _____

Any other instructions _____

Parents Signature _____

Date _____