



**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 \_\_\_\_\_

***Medical Information***

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

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Care Card Number \_\_\_\_\_

**Emergency contacts to pick up child (other than parents or guardians)**

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 (If a parent or guardian *MUST* have court documentation)**

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 \_\_\_\_\_