



275 Tartan Drive, Ottawa, ON  
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**FORM INSTRUCTIONS:**

Please fill out, print and return this form to initiate the registration process with Educara. By submitting this form you agree to Educara’s Privacy Policy (available at [www.educara.ca/privacy](http://www.educara.ca/privacy) ) and understand that submitting this form does not imply acceptance to our programs. Admission is subject to space availability. Should space not be available, you will be advised and your registration information may be added to a waiting list of potential candidates.

**Student Information**

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male  Female  First Language: \_\_\_\_\_  
*(yyyy-mm-dd)*

**Program Requested:**

Allergies: \_\_\_\_\_ Epi Pen is required: \_\_\_\_\_

\_\_\_\_\_

Known medical conditions (eg. Asthma etc)

**Mother/Guardian 1:**

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Same home address as child: \_\_\_\_\_ No work address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Father/Guardian 2: Not applicable:**

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Same home address as child: \_\_\_\_\_ No work address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_

## Emergency Contact Information

**Contact 1:** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

This person is authorized to pick up my child: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Contact 3:** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

This person is authorized to pick up my child: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Contact3:** Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

This person is authorized to pick up my child: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Dietary Restrictions: I/we will be providing meals for our child:**

Please indicate any dietary restrictions your child has:

### **Notes:**

Please provide any special instructions regarding sleep and/or physical activity and any other information that might assist us care for your child:

**By submitting this form I agree to abide by Educara's admission procedures and fees.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (yyyy-mm-dd)

For office use only: Child admitted?

Admission Date

Discharge Date