



Alpine Childcare Solutions Ltd. Registration Form

Enrollment Date: _____ Start Date: _____

Programs:

Before or After Before & after 4x4 Full Time No School Fridays

Child's Name _____ Age _____ Grade _____ Teacher _____

Child's Birthdate _____ (D/M/Y) Address _____

Mothers Name _____ Father Name _____

Child resides with? M / F / _____ Custody Agreement in place? YES / NO COPY

Child's MSP # _____ Immunized/Current? YES / NO COPY

Covid-19 Vaccine? YES / NO Boosters? YES / NO

Allergies? _____ Ani Kit? YES / NO EPI Pen? YES / NO

Reactions? _____ Anaphylaxis? YES / NO

Comments/Concerns:

Mother's Employer _____ Phone/Contact _____

Work Schedule/Set _____

Father's Employer _____ Phone/Contact _____

Work Schedule/Set _____

Alternate Contact Name _____ Phone _____

(An alternate contact is someone other than parents/guardians that are on file to pick-up.) Photo I.D. Copy

Relationship to Child? _____

Emergency Contact #1 Name _____ Phone _____

Relationship to Child? _____

Emergency Contact #2 Name _____ Phone _____

Relationship to Child? _____

In case of Emergency, our choice for 1st contact _____

Comments/Concerns:

Parents/guardians have read and understand Alpine Childcare Solutions Ltd. Policy & Procedures 2022/23 booklet and agree to adhere to the policies as stated.

Mother _____

Father _____

Child _____

Management _____

Dated: _____

Special Requirements for the Child (e.g., requires light on for sleeping, afraid of dogs, etc.)

OFFICE USE ONLY

DEPOSIT RECEIVED _____ AMT \$ _____

REG. PAYMENT DATE _____ METHOD ETRANSFER CASH CHQ

2022/23

Registration Package

To be placed in the child's binder once completed.

