
# **Pre-registration Information Form**

Please print and fax to (905) 604-2085 or download and e-mail to registration@allsmileschildcare.com

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| Child’s Information Child’s Information |
| First Name: | First Name: |
| Last Name: | Last Name: |
| Gender: o Male o Female | Gender: o Male o Female |
| Child’s Birth Date: | Child’s Birth Date: |
| Address: | Address:  |
| City, Province: | City, Province: |
| Postal Code: | Postal Code: |
| Home Phone Number: | Home Phone Number: |
|  |
| Parent / Guardian Information |
| Mother’s Full Name: |  |
| Home Phone Number: |  |
| Cell or Business Phone Number: |  |
| Home or Business Email Address: |  |
|  |
| Father’s Full Name: |  |
| Home Phone Number: |  |
| Cell or Business Phone Number: |  |
| Home or Business Email Address: |  |
|  |
| Other Information |
| Desired Enrollment Date: | Desired Enrollment Date: |
| Program of Interest : o Infant o Toddler  | Program of Interest : o Infant o Toddler |
| o Junior Preschool o Senior Preschool | o Junior Preschool o Senior Preschool |
| o Junior Kindergarten o Senior Kindergarten | o Junior Kindergarten o Senior Kindergarten |
| Days of Interest (Mon – Fri): | Days of Interest (Mon – Fri): |
| Other Important Information: | Other Important Information: |
| How did you hear about us? | o All Smiles Childcare location signo Through Schoolso Markham Economist & Suno Blue All Smiles Childcare Flyero Web Search (i.e. google, yahoo)o Cornell Village.cao Word of Moutho Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |