

# **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 sign  o Through Schools  o Markham Economist & Sun  o Blue All Smiles Childcare Flyer  o Web Search (i.e. google, yahoo)  o Cornell Village.ca  o Word of Mouth  o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |