



Cradle 2 Kinder

Unit # 47, 635 Fourth Line, Oakville, ON, L6L 5W4 • 905.338.5437

Program:

Start Date:

Part A: CHILD Information

Last, First Name:		Home Phone#:
Home Address:	City:	Postal Code:
Birth Date(M / D / Y):	Gender: M F	Days of Attendance:
Doctor:	Full Address:	Phone#:

Part B: PARENT Information

Father / Mother: Last, First Name:	Home Address:	Home#:
Employer:	Full Employer Address:	Work#:
	Email:	ext.
		Cell/Pager#:
Father / Mother: Last, First Name:	Home Address:	Home#:
Employer:	Full Employer Address:	Work#:
	Email:	ext.
		Cell/Pager#:

Part C: EMERGENCY Contact Information (list in order, names of persons to be called in an emergency situation, excluding parents)

1. Last, First Name:	Full Address:	Home#:
	Relationship:	Cell/Pager#:
	Email:	Work#:
2. Last, First Name:	Full Address:	Home#:
	Relationship:	Cell/Pager#:
	Email:	Work#:
3. Last, First Name:	Full Address:	Home#:
	Relationship:	Cell/Pager#:
	Email:	Work#:

Part D: RELEASE Information (names of persons to whom the child may be released)

Last, First Name:	Relationship:	Contact #:
Last, First Name:	Relationship:	Contact #:
Last, First Name:	Relationship:	Contact #:

I will contact the Director immediately if any of the above information changes. I certify that all this information is correct.

Signature: _____

Date: _____

Internal Use ONLY

Start Date:	Fee Details:	Program:
Withdrawal Date:	Account Status:	Reg. Fee \$
Allergies:	Communicable Diseases:	Medical Condition:
		Date of cheque: