# REGISTRATION FORM

Tri-City Community Montessori Day School

275 April Road * Port Moody, BC * 778-389-1927

Date of Enrollment

## PERSONAL INFORMATION

CHILD'S FIRST NAME | CHILD'S LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

MALE ( ) ( ) FEMALE

STREET ADDRESS

CITY | POSTAL CODE

PARENT (FIRST & LAST NAME) | CONTACT PHONE NUMBER

PARENT (FIRST & LAST NAME) | CONTACT PHONE NUMBER

E-MAIL ADDRESS

PLEASE LIST NAMES AND AGES OF SIBLINGS OR GRANPARENTS:

## ALTERNATE PERSONS AUTHORIZED TO PICK UP CHILD (other than parent)

FULL NAME | RELATIONSHIP TO CHILD | PHONE NUMBER

FULL NAME | RELATIONSHIP TO CHILD | PHONE NUMBER

## PERSON(S) NOT AUTHORIZED TO PICK UP CHILD (If none, leave blank)

FULL NAME | RELATIONSHIP TO CHILD | PHONE NUMBER

## CUSTODY AGREEMENT

IF YES, PLEASE SUPPLY A COPY OF THE CUSTODY ORDER

YES ( ) ( ) NO

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(Page 2)

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## CHILD'S EMERGENCY HEALTH INFORMATION

CARE CARD NUMBER: _____

FAMILY DOCTOR: _____
FULL NAME PHONE NUMBER

FAMILY DENTIST: _____
FULL NAME PHONE NUMBER

## CONSENT FOR EMERGENCY CARE

I authorize the staff at the Preschool Centre to call a medical practitioner or ambulance in case of accident or illness of my child(ren) if the parent cannot be reached.

_____ _____
SIGNATURE OF PARENT/GUARDIAN SIGNATURE OF LICENSEE

## EMERGENCY PERSONS AUTHORIZED TO PICK-UP CHILD (If unable to contact Parents)

FULL NAME RELATIONSHIP TO CHILD PHONE NUMBER

FULL NAME RELATIONSHIP TO CHILD PHONE NUMBER

## CHILD'S IMMUNIZATION STATUS (Fill out dates, or attach records)

| | Diphtheria | Pertussis | Tetanus | Polio | Pneumo | Hib | Hep B | MMR |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

## ALLERGIES, HEALTH INFORMATION, or REGUALAR MEDICATIONS

Please list any allergies, allergy symptons and treatments (including regular medications):

Please list any known health issues or communicable illness the child has had:

_____ _____
SIGNATURE OF PARENT (VERIFYING INFORMATION IS CORRECT) SIGNATURE OF LICENSEE (CHECKING FORMS ARE COMPLETE)