



REGISTRATION FORM

Scheduling Information

Enrolment Date MM DD YYYY	Start Date MM DD YYYY	
Program <input type="checkbox"/> Infant <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Age		
Days Required <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Does your child require school transportation? Yes No	Arrival Time:	Departure Time:
School _____ Grade _____		

* Please note that your requested enrolment date on this application is undetermined, unless a director has approved the date and accepted your registration fee.

Child Information

Name of Child	Preferred Name	
Gender Male Female	Current Age	Date of Birth MM DD YYYY
Please provide a recent photo of your child below.		

FOR OFFICE USE ONLY				
Childcare Pro	Reg. Fee	Key Fobs	Transport Permission	URIS Application
	Ch. # Dep. #			

Parent / Guardian Information

Name of Mother/Guardian		Email	
Home Address		City, Province	Postal Code
Home Phone	Work Phone	Alternate Phone	
Name of Employer			
Address of Employer		City, Province	Postal Code

Name of Father/Guardian		Email	
Home Address		City, Province	Postal Code
Home Phone	Work Phone	Alternate Phone	
Name of Employer			
Address of Employer		City, Province	Postal Code

Marital Status: (please circle)

Single Married Common-law Separated Divorced

Does the non-custodial parent have the right to pick up the child from day-care? Yes No

If applicable, attach a copy of any custody agreements in effect.

Reference Source: How did you hear about us? **(please circle)**

Saw Location MB Childcare Program Poster / Flyer Website Yellow pages

Other: _____ Referred by: _____

Medical & Health Information

Family Doctor	Phone	
Clinic Name		
Clinic Address	City, Province	Postal Code
Family's MB Medical # (6-digit)	Child's MB Medical # (9-digit)	
Does your child have any allergies or dietary restrictions? (Please explain)		
Does your child have any medical problems? (Please explain)		

Emergency Contacts

Please list 3 people other than yourself, 2 of which must be in the city limits, who we could contact to pick up your child in the event of an emergency. Please note that children will only be released to individuals bearing appropriate photo identification.

Name of Contact #1		Relationship to Child	
Home Address		City, Province	Postal Code
Home Phone	Work Phone	Alternate Phone	

Name of Contact #2		Relationship to Child	
Home Address		City, Province	Postal Code
Home Phone	Work Phone	Alternate Phone	

Name of Contact #3		Relationship to Child	
Home Address		City, Province	Postal Code
Home Phone	Work Phone	Alternate Phone	

Permission & Agreement With Policies

By signing below, I agree to have my child enrolled at Gramma Marie's Children's Centre.

I understand that a non-refundable deposit of \$100.00 is required to hold a space that will begin on the mutually agreed upon start date indicated on this registration form.

I agree to update my registration form each September, and as information changes. I understand that there is an annual re-registration fee of \$50.00 that is due each September.

I have read and understand the policies outlined in the Parent Policy Manual, and I agree to abide by the policies set out by Gramma Marie's Children's Centre.

Please note that Gramma Marie's Children's Centre reserves the right to update policies with two weeks written notice posted on the Parent bulletin board. It is the parent's responsibility to keep themselves informed on policy changes that occur at the centre.

Mother's/Guardian's Signature	Date	MM DD YYYY
Father's/Guardian's Signature	Date	MM DD YYYY
Director's Signature	Date	MM DD YYYY