

LHD Registration Form



Child's Information

First Name _____ Last Name _____

Date of Birth - Year _____ Month _____ Day _____ Boy ☐ / Girl ☐

Parent's Information

First Name _____ Last Name _____

Address _____ City _____

Province _____ Postal Code _____

Phone _(_____)_____ Email _____

Enrollment Information

Start Date Requested - Year _____ Month _____

Desired Program - Full Time ☐ Part Time ☐

Desired Days - Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

How did you hear about us? _____

Previous Daycare _____