



# OLGC CHILDCARE FACILITY

## PRESCHOOL REGISTRATION

2023/2024

**DO NOT COMPLETE. Office Purposes only:**

Start Date: \_\_\_\_\_

Mon/Wed/Fri (am) \_\_\_\_\_

Mon/Wed/Fri (pm) \_\_\_\_\_

Tues/Thurs (am) \_\_\_\_\_

Tues/Thurs (pm) \_\_\_\_\_

Fun Family Phonics Workbook \_\_\_\_\_

Personal Immunization Record \_\_\_\_\_

Birth Certificate/BC Medical Card: \_\_\_\_\_

Registration/Supplies Fee: \_\_\_\_\_

Monthly Fees: \_\_\_\_\_

**Please Print Clearly:**

Child's Legal Full Name: \_\_\_\_\_  
(Last name) (First Name)

Home Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Child's Date of Birth: (month/day/year) \_\_\_\_\_

Person(s) who the child lives with: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address (if different from child's): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address (if different from child's): \_\_\_\_\_

Custody Agreement? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, please provide details below)

**Emergency Contacts (Other than Parents/Guardians):**

Name	Relationship to Child	Contact Number