



OLGC CHILDCARE FACILITY

PRESCHOOL REGISTRATION

2022/2023

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 _____

Registration Fee _____ (Non-refundable)

Monthly Fees: _____

Please Print Clearly:

Child's Legal Full 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

Please list all persons who have permission to pick up your child (excluding parent's names) and include relationship to your child. **Any persons not named below will not be allowed to take the child from the facility, unless we have been informed by the parent of other arrangements.**

Name	Relationship to Child	Contact Number

HEALTH INFORMATION

Family Doctor's Name: _____ Phone Number: _____

Child's BC Care Card Personal Health Number: _____

Are your child's immunization currently up to date: _____

Does your child have any known allergies : _____ (If so, please provide list) _____

Please provide any instructions in the event of an allergic reaction including treatment: _____

Is there any other known health conditions, development challenges, or concerns (eg. seizures, asthma, vision, speech, hearing, behaviour, learning disabilities etc.) ☐ Yes ☐ No (If yes, please describe)

Please provide additional information to assist us get to know your child better:

What are your child's favourite activities? _____

Is your child fully toilet trained? _____

Does your child have any fears or separation anxiety? _____

Are there any special food restrictions? If so, please describe: _____

Does your child have any siblings? If yes, please list names: _____

What are your child's religious or cultural beliefs: _____

Is there any other information we should know about your child? _____

Office Use Only:

Date Received: _____

Date Withdrawn: _____

Reason for Withdrawal: _____