

YORKVIEW KIDS CARE REGISTRATION FORM

ADMISSION DATE: _____ WITHDRAWAL DATE: _____

CHILD'S SURNAME: _____ FIRST NAME: _____ GRADE: _____

HOME ADDRESS: _____ APT: _____ CITY _____

POSTAL CODE: _____ HOME PHONE: _____ E MAIL: _____

BIRTH DATE: (yr/mo/day) _____ Language(s) Spoken: _____ Sex: _____

Description of Child:

Height: _____ Weight: _____ Hair Colour: _____ Eye Colour: _____ Distinguishing marks: _____

PARENT INFORMATION:

PARENT'S NAME: _____ MOTHER ☐ FATHER ☐ CELL PHONE: _____

HOME ADDRESS: _____ HOME PHONE: _____

BUSINESS ADDRESS: _____ BUS. PHONE: _____

PARENT'S NAME: _____ MOTHER ☐ FATHER ☐ CELL PHONE: _____

HOME ADDRESS: _____ HOME PHONE: _____

BUSINESS ADDRESS: _____ BUS. PHONE: _____

MEDICAL INFORMATION:

CHILD'S DOCTOR: _____ ADDRESS: _____ PHONE: _____

FOOD RESTRICTIONS/ALLERGIES/MEDICAL ALERT OR ATTENTION REQUIRED _____

_____ EPI-PEN ☐

PERSON TO BE CONTACTED IF PARENTS CANNOT BE REACHED:

EMERG. CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE (H): _____ (B): _____ (C): _____

PERSON(S) AUTHORIZED TO PICK UP CHILDREN FROM YORKVIEW KIDS CARE:

STAFF MUST BE INFORMED IN ADVANCE BY PARENT OF ALTERNATE PICK UP ARRANGEMENTS

NAME: _____ PHONE (H): _____ (B): _____ (C): _____

NAME: _____ PHONE (H): _____ (B): _____ (C): _____

NAME: _____ PHONE (H): _____ (B): _____ (C): _____

CONSENT: My child may participate in supervised Community walks from YKC (destinations posted) ☐

Is Yorkview P.S. considered your home school yes ☐ no ☐ French Immersion only ☐

Are you currently subsidized? _____ Program: _____ Fee: _____ /day

Date: _____ Signature: _____

Annual re-admission for FDK will be based on the results of registration to determine if there are sufficient families each year to operate. School-age registration (Grades 1 to 4) occurs yearly and is based on a first come first served basis. NO SPACES ARE GUARANTEED.

All programs require re-admission procedures based on YKC admission policy. NO SPACES ARE GUARANTEED.