

CHILD REGISTRATION FORM

GENESIS CHRISTIAN PRESCHOOL PROGRAM

Child's Name: _____
(Last Name) (First Name) (Given Name(s))

Child's Birthdate: ____/____/____ Child's Health Care #: _____
Year Month Day

Sex: M F Phone: _____ Email address: _____

Child's Address: _____

If individual's address is a P.O. Box you must also provide the 911 Emergency Services address or legal land description, if there is no 911 address. This is required by Government of Alberta Child Services.

Family Doctor: _____ Doctor's Phone #: _____

Parent Information:

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
Postal Code: _____	Postal Code: _____
911 address (if different): _____	911 address (if different): _____
Home Phone #: _____	Home Phone #: _____
Place of Work: _____	Place of Work: _____
Business / Daytime Phone: _____	Business / Daytime Phone: _____

Emergency Contact Person: (other than parents)

Name: _____	Relationship to Child: _____
Address: _____	Telephone #: _____
911 Address: _____	
Name: _____	Relationship to Child: _____
Address: _____	Telephone #: _____
911 Address: _____	

Authorized Release: (adult persons to whom the child may be released other than parents)

Name: _____	Telephone #: _____
Name: _____	Telephone #: _____

Persons to Whom the Child May Not be Released (if parent will need copy of court order):

Name(s): _____

Special Needs or Disabilities: (Please provide details) _____

Allergies: (Food or Material) _____

Is your child's immunization complete? Yes No

If No checked - I am aware as a parent that my child while socializing with other children in the program maybe exposed to childhood diseases that are covered as part of immunization program and I hold neither the program, parents or children liable to any sickness as such my child may contract

Date form completed _____ Parent Signature _____

Commencement Date: _____ Termination from Program Date: _____