

CALEDONIA EARLY CARE AND LEARNING CENTRE REGISTRATION

We take a \$100 deposit once you are offered a space.

TODAY'S DATE:	REQUESTED ENTRY DATE:
---------------	-----------------------

CHILD'S INFORMATION

Child's last name:	First:	Middle:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:
--------------------	--------	---------	----------------------------------	------------------------------------	----------------

PARENT/GUARDIAN INFORMATION

Last name:	First:	Middle:			Email:
CNC Student? <input type="checkbox"/> N <input type="checkbox"/> Y	CNC # <input type="checkbox"/> N <input type="checkbox"/> Y	Full Time: Y N		Area of Study:	
Street address:		Home Phone: ()		Cell Phone: ()	
PO Box:	City: Province: Postal Code:				
Occupation:	Employer:			Employer Phone :	

PARENT/GUARDIAN INFORMATION

Last name:	First:	Middle:			Email:
CNC Student? <input type="checkbox"/> N <input type="checkbox"/> Y	CNC # <input type="checkbox"/> N <input type="checkbox"/> Y	Full Time:		Area of Study:	
Street address:		Home Phone: ()		Cell Phone: ()	
PO Box:	City:	Province:	Postal Code:		
Occupation:	Employer:			Employer Phone:	

ALTERNATE CONTACT, IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to family	Home Phone: ()	Work Phone: ()
Name of local friend or relative (not living at same address):	Relationship to family	Home Phone: ()	Work Phone: ()

Patient/Guardian Signature

Date

Start Date -----

End date-----