



# Kindergarten Readiness Program Registration Form

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

**Student's Name** \_\_\_\_\_

Surname

First

Middle

**Address** \_\_\_\_\_

House

City

Province

Postal code

**Phone (H)** \_\_\_\_\_

**Birthday** \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_

**Home Address (if different than child's)** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_

**(W)** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

**Home Address (if different than child's)** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_

**(W)** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Doctor Name** \_\_\_\_\_

**Doctor Address** \_\_\_\_\_

**Doctor Phone** \_\_\_\_\_

**Health Card** \_\_\_\_\_

**(optional)**

**Allergies** \_\_\_\_\_

**Previous Illnesses & Injuries** \_\_\_\_\_

**Emergency contacts if unable to reach parent:**

1. \_\_\_\_\_ **Phone** \_\_\_\_\_

2. \_\_\_\_\_ **Phone** \_\_\_\_\_

**Names of persons to whom child may be released: 1.** \_\_\_\_\_

2. \_\_\_\_\_ **3.** \_\_\_\_\_

**Signature of Parents/Guardians** X \_\_\_\_\_

X \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_