

eFree Kidz College Registration Form 2024-2025

Program Selection: __Tuesday/Thursday (3 yr old) __Wed/Fri (4 yr. old) __ Monday (extra)

Please print:

Child's full name: _____ Name used: _____

Address: _____ Postal Code: _____

Phone number: _____ Email: _____

Date of birth: _____

Male/Female (circle one)

Child lives with: (circle one) __mother and father, __mother, __father, __other

If other, please explain _____

Siblings names: _____

Parent's information: (if neither parent is the legal guardian, enter the guardian's name and address and state the relationship to applicant.)

Mother/Guardian

Surname: _____

Given Names: _____

Street Address: _____

City/Province: _____

Postal Code: _____

Phone # home: _____

work: _____

cell: _____

Employer: Name: _____

Address: _____

Mostly likely location and phone # during

nursery school _____

Father/Guardian

Surname: _____

Given Names: _____

Street Address: _____

City/Province _____

Postal Code: _____

Phone # home: _____

work: _____

cell: _____

Employer: Name: _____

Address: _____

Most likely location and phone # during

nursery school _____

Emergency Information:

Family Medical #: _____ Individual Medical #: _____

Family Physician's name: _____ Phone #: _____

Emergency Contact (if parent's can't be reached)

Emergency contact # 1

Name: _____ Phone number: _____

Address: _____ Relationship to child: _____

Emergency contact # 2

Name: _____ Phone number: _____

Address: _____ Relationship to child: _____

Does your child have a 'physician diagnosed' health condition? (ie. Asthma, diabetes, life threatening allergies) if yes, please explain _____

In the event of an emergency medical incident, I hereby authorize the nursery school to provide first aid and transportation to the nearest hospital. Signature: _____

Questions/Authorizations (please circle yes or no)

1. Does a Restraining Order apply that prohibits any person(s) access to your child? Yes/No
(if yes, please attach details to the application-day care act requirement)
2. May we place your child's first name only on a list that is given to each child in the class? Yes/No
(this is helpful for Valentine's, birthday invitations etc.)
3. May we take pictures of your child for use within the nursery school? Yes/No

Authorized People Pick up List

Below please list the names of people who have permission to pick up your child (excluding yourselves).

Name	Relationship to Child	Phone #
1. _____		
2. _____		
3. _____		
4. _____		

I/we _____ (parent/guardian's name) understand that I/we must abide by all of the terms and policies as described in the policies package (included in the registration package) set out by the school administration. I/we have read and I/we agree to these policies.

Parent/Guardian's signature _____ Date: _____