

**LEAPS & BOUNDS EARLY LEARNING CENTRE
TODDLER / PRESCHOOL REGISTRATION FORM**

Registration Fee Yes No

CHILD'S NAME: _____

DATE OF BIRTH: _____ (YYYY/MM/DD)

<i>(For Office Use Only)</i>	START DATE: _____ / _____ / _____
<i>(For Office Use Only)</i>	TERMINATION DATE: _____ / _____ / _____ YYYY MM DD
<i>(For Office Use Only)</i>	Room _____
<i>Full Fees:</i> _____	<i>Subsidy:</i> _____ <i>Parent:</i> _____
<i>Moved From Rm:</i> _____	<i>To:</i> _____ <i>Date:</i> _____

MOTHER'S NAME: _____

Address: _____

Cell #: _____

Res. Phone #: _____

EMAIL Address: _____

Place of Work: _____

Work Phone #: _____

Work Timings: _____

FATHER'S NAME: _____

Address: *(If Different)* _____

Cell #: _____

Res. Phone #: _____

EMAIL Address: _____

Place of Work: _____

Work Phone #: _____

Work Timings: _____

Emergency Contact who lives in EDM (Excluding Parents)

Name: _____

Address: _____

Main Phone Contact #: _____

Relationship: _____

Child's Physician:

Name: _____

Address: _____

Phone #: _____

Alberta Health Care #: _____

Marital Status: Single Married Separated

Divorced Widowed

Authorized Person(s) To Whom Child May Be Released:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Other Children In the Family (Names):

Age

School/Day Care/Other

PLEASE NOTE: It is your responsibility to inform the Director whenever there is a change in any information provided above.



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Early Learning Centre