

CHAMPIONS CHILDRENS CENTRE
9 GRENOBLE DRIVE
DON MILLS, ONTARIO
M3C 1C3

REGISTRATION FORMS

Child's Name _____

Preferred name _____

Date of Birth _____ Sex _____

Full home address _____

Home Phone number _____

What language is spoken by your child at home _____

Parent Information

Mother's name _____

Address _____

Home Telephone number _____ Cell# _____

Business/school name _____

Business/School address _____

Father's name _____

Address _____

Home Telephone number _____ Cell# _____

Business/school name _____

Business/School address _____

Doctor's Information

Name _____

Address _____

Telephone # _____

Emergency Contact

Name _____ Relationship to child _____

Home# _____ Cell # _____

Home address and postal code _____

Work/school name _____

Work school address _____

Work school phone number _____

Persons we may release your child to:

1. Name _____ Relationship to child _____

Home # _____ Work # _____ Cell # _____

2. Name _____ Relationship to child _____

Home # _____ Work # _____ Cell # _____

3. Name _____ Relationship to child _____

Home # _____ Work # _____ Cell # _____

****If the person picking up your child is between the age of 12-17 years old, an additional form must be signed and kept on file, and they must arrive with valid ID ****

Allergies or food restriction _____

Medical History

Any medical condition that we should be aware of? _____

Has your child had any of these Communicable Diseases:

<u>Illness/communicable disease</u>	<u>Circle yes or no</u>	<u>At what age</u>
Chicken Pox	yes/no	_____
Measles	yes/no	_____
Mumps	yes/no	_____
Rubella	yes/no	_____
Whooping Cough	yes/no	_____
Hepatitis	yes/no	_____
Scarlet Fever	yes/no	_____
Other _____		_____

Any health information you wish to share with us _____

Parent Signature _____ Date: _____

June 2019