



P. O. Box 421, Kingsville, Ontario N9Y 2G1  
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DISCOVERY SCHOOL-BASED  
CHILDCARE PROGRAM  
Office # 733-8202 Fax # 733-2988  
www.discoverychildcareschools.com

### REGISTRATION FORM (PLEASE PRINT)

All information gathered is a mandatory requirement under the Day Nurseries Act  
Ministry of Child and Youth Services (6.4.58-59)

**Name of Child:**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Name to be Used: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Date of Birth:**

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Present Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Parents or Guardians:**

Mother's Name & Address:

Father's Name & Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name & Address of Employment:

Name & Address of Employment:

\_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status of Parent or Guardian:

Married: \_\_\_ Re-Married: \_\_\_ Single: \_\_\_ Divorced: \_\_\_ Separated: \_\_\_ Widowed: \_\_\_

**\*\*IN CASE OF AN EMERGENCY IF PARENTS CANNOT BE CONTACTED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**UNDER NO CIRCUMSTANCES WILL ANY CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE PROGRAM WITHOUT VERBAL OR WRITTEN AUTHORIZATION FROM THE PARENTS.**

**PEDIATRICIAN OR FAMILY DOCTOR: (all information is required)**  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 OTHER INFORMATION: Please describe: re: allergies, physical or behavioural problems, diet, etc.:  
 Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 Physical and/or Behavioural Problem \_\_\_\_\_  
 \_\_\_\_\_  
 Special Diet: \_\_\_\_\_  
 \_\_\_\_\_  
 School Child Attends: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Discovery Site Attending: \_\_\_\_\_

**LIST OTHER CHILDREN AND PERSONS LIVING IN THE HOME:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**CHILD CARE REQUIREMENTS: (please fill out all that apply)**

MON		TUES		WED		THURS		FRI	
Before	After	Before	After	Before	After	Before	After	Before	After
All Day _____	_____	All Day _____	_____	All Day _____	_____	All Day _____	_____	All Day _____	_____

***A Yearly \$25.00 Registration Fee (non-refundable) must accompany this form.***

***I HEREBY MAKE APPLICATION TO ENROLL THE ABOVE MENTIONED CHILD IN THIS PROGRAM, AND I UNDERSTAND AND AGREE TO ABIDE BY ALL POLICIES AND REGULATIONS OF THE PROGRAM. IN THE EVENT THAT MY CHILD NEEDS EMERGENCY MEDICAL CARE, I HEREBY GIVE MY CONSENT ALLOWING THE STAFF OF DISCOVERY SCHOOL-BASED CHILD CARE PROGRAM OF KINGSVILLE, INC. TO PROCURE THIS TREATMENT BY THE MOST READILY AVAILBLE MEANS. THIS APPLICATION IS RENEWABLE YEARLY TO ENSURE ACCURATE & UP TO DATE INFORMATION.***

Mother's Signature/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Father's Signature/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Registration Fee Rec'd: \_\_\_\_\_ Amount: \_\_\_\_\_ Int. \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_