

**REGISTRATION FORM**  
**KIDS CLUB EARLY LEARNING & OSC**

Commencement Date: \_\_\_\_\_ Email address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

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

Place of work: \_\_\_\_\_ Place of work: \_\_\_\_\_

Work No: \_\_\_\_\_ Work No: \_\_\_\_\_

Hours of work: \_\_\_\_\_ Hours of work: \_\_\_\_\_

Who is the child living with? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent Handbook received: Yes \_\_\_\_\_ No: \_\_\_\_\_

I agree to the terms and conditions set out in the parent handbook?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no please state reason(s) \_\_\_\_\_

I understand one month written notice is required to vacate my spot, notice is only accepted on the first day of the month, fees are due on the first day each month or I will be charged a \$50.00 late fee.

Signature of Parent: \_\_\_\_\_ Director's Signature: \_\_\_\_\_

Allergies: \_\_\_\_\_ Immunization up to date? Yes \_\_\_\_\_ No \_\_\_\_\_