HAMILTON-WENTWORTH
Catholic Child Care Centres

REGISTRATION FORM

Centre Name: St. John the Baptist Before and After School Program

Name of Child: _____
Last First Middle

Address: _____
Street City Postal Code

Tel. No. _____ **Birthdate:** _____

School child is attending (if applicable)**:** _____ **Grade:** _____

Hours care needed: _____ **A.M to** _____**P.M**

Circle Days Required: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

FAMILY

Name of MOTHER: _____ **Home Tel. No.** _____
Last First

Home Address: _____
Street City Postal Code

Occupation: _____ **Work No.** _____ **Cell No.**_____

Workplace Name and Address: _____

Hours of Work _____ **a.m. to** _____ **p.m.**

Name of FATHER: _____ **Home Tel. No.** _____
Last First

Home Address: _____
Street City Postal Code

Occupation: _____ **Work No.** _____**Cell No.**_____

Workplace Name and Address: _____

Hours of Work: _____ **a.m. to** _____ **p.m.**

EMERGENCY CONTACT *these people will be contacted if parent(s) or guardian(s) cannot be reached.*

Emergency Name (1): _____ **Relationship:** _____

Tel.No: _____ **Address:** _____

Emergency Name (2): _____ **Relationship:** _____

Tel.No: _____ **Address:** _____

DOCTOR: _____ **Tel.No:** _____

Address: _____

Health Card No: _____

PHYSICAL:

Immunization is current? **YES** **NO**

Does your child enjoy good health? _____

Any Physical handicaps? (Speech, Hearing) _____

Food Allergies: _____

Other Allergies: _____

Other agency involvement: _____

Special Information: _____

Person(s) Authorized to pick up child:

(1) _____
(2) _____
(3) _____
(4) _____

Parent's Signature: _____ **Date:** _____

OFFICE USE

Registration Fee Received: _____ **Date:** _____

(Non-refundable -$25.00 for one child / $35.00 for a family)

Date of Enrolment: _____ **Date of Discharge:** _____