

**LAKEVIEW EXTENDED SCHOOL DAY PROGRAM INC.  
KINDER-CARE REGISTRATION FORM  
2019 - 2020**

**PARENTS / GUARDIANS NAMES** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **PROVINCE** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**PHONE NUMBERS:** HOME \_\_\_\_\_ MOTHER'S WORK \_\_\_\_\_

MOM CELL \_\_\_\_\_ FATHER'S WORK \_\_\_\_\_

DAD CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

<b>CHILDREN'S NAME(s)</b>	<b>GRADE</b>	<b>TEACHER'S NAME</b>	<b>HOSPITALIZATION #</b>	<b>BIRTHDAY</b>

**PLACE A CHECK BESIDE THE DAYS YOU EXPECT YOUR CHILD TO ATTEND EACH WEEK**

**CIRCLE AM OR PM CLASS**

DAILY \_\_\_\_\_ MON. AM or PM \_\_\_\_\_ TUES. AM or PM \_\_\_\_\_ WED. AM or PM \_\_\_\_\_ THURS. AM or PM \_\_\_\_\_ FRI. AM or PM

CASUAL \_\_\_\_\_ MON. AM or PM \_\_\_\_\_ TUES. AM or PM \_\_\_\_\_ WED. AM or PM \_\_\_\_\_ THURS. AM or PM \_\_\_\_\_ FRI. AM or PM

**PEOPLE IN WHOSE CUSTODY WE CAN DISMISS YOUR CHILDREN (PLEASE PROVIDE CUSTODY AGREEMENT IF APPLICABLE)**

\_\_\_\_\_  
**DOCTOR'S NAME AND PHONE NUMBER**

\_\_\_\_\_  
**MEDICAL OR OTHER PROBLEMS THAT STAFF SHOULD BE AWARE OF AND CARE NEEDED**

\_\_\_\_\_  
**ALLERGIES (FOOD OR MEDICATION- PLEASE DESCRIBE IN DETAIL)**

\_\_\_\_\_  
**AN EMERGENCY CONTACT PERSON WE CAN CONTACT IF A PARENT CANNOT BE REACHED**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_