



Sunny Faces Day Care, 30 Harefield Drive, Etobicoke ON, M9W 4C9 (416 744 0778)

### REGISTRATION FORM

Child's School \_\_\_\_\_ Day Care Centre \_\_\_\_\_

**CHILD:** \_\_\_\_\_

Date of Birth: (D/M/Y \_\_\_\_\_) Surname \_\_\_\_\_ Age \_\_\_\_\_ Given Names \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Street number \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Custody:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian (circle one) \_\_\_\_\_ Are you a subsidized client? Yes \_\_\_\_\_ No \_\_\_\_\_ (circle one)

**PARENT #1:** Name \_\_\_\_\_

Home Address \_\_\_\_\_ Street number \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Yes, I would like to receive information and updates by email

**PARENT #2:** Name \_\_\_\_\_

Home Address \_\_\_\_\_ Street number \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Yes, I would like to receive information and updates by email - Email \_\_\_\_\_

Please give the names, addresses and telephone numbers of two local friends or relatives who would assume responsibility for your child in the event of an emergency or who are authorized to pick up your child (including spouses)

1. Name \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

City \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Name \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

City \_\_\_\_\_ Relationship to Child \_\_\_\_\_

|   |                       |                                     |
|---|-----------------------|-------------------------------------|
| <b>Check the child's program requirements</b> |                       |                                     |
| Full Day Preschool _____                      | JK/SK (AM) _____      | Summer Full Time (JK/SK) _____      |
| School Age (Before & After) _____             | JK/SK (PM) _____      | Summer Full Time (School Age) _____ |
| School Age (Bussed) _____                     | JK/SK (AM & PM) _____ |                                     |

**I have received a 2023 Parent Handbook. I understand all policies and procedures outlined in the Parent Handbook. I have completed my child's full Medical information forms inclusive of Medical release forms.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

|   |   |
|---|---|
| <b>For office use only</b>                                      | <b>Staff Signature</b> _____              |
| <b>Date Received</b> _____ <b>Time</b> _____                    | <b>Withdrawal Date</b> _____              |
| <b>Original Start Date</b> _____                                | <b>Program Start Date</b> _____           |
| <b>New Participant</b> _____ <b>Returning Participant</b> _____ | <b>Transferred Participant From</b> _____ |