



Shining Wonders Montessori Preschool and Childcare

Registration and Identification Information

Child's Name (First, Middle, Last) _____ Date of Birth (mm/dd/yyyy) _____ Sex M F

Child's Home Address _____

Father's Name (First, Last) _____ Mother's Name (First, Last) _____
 () () () ()
 Home Phone Work Phone Home Phone Work Phone

Address _____ Address _____

Parent's signature to indicate receipt of Parent Handbook and acceptance of terms and conditions of enrolment at the centre as indicated in the Parent Handbook:

Alternative Emergency Contacts

Primary Emergency Contact (First, Last) _____ Secondary Emergency Contact (First, Last) _____
 () () () ()
 Home Phone Work Phone Home Phone Work Phone

Address _____ Address _____

Enrollment and Pickup and Drop off Information

Admission Date (mm/dd/yyyy) _____ Termination Date (mm/dd/yyyy) _____

Service is for: Fulltime Part-time 3 days/week 2 days/week
 Part-time days attending are:
 Mon. Tue. Wed. Thur. Fri.

Drop-off time at Centre _____ Pick-up time from Centre _____

1) Person Authorized to pick-up child _____ Relationship _____

2) Person Authorized to pick-up child _____ Relationship _____

Medical Information

Physician's Name (First, Last) _____ Physician's Phone Number _____

Physician's Address _____ Child's **Alberta Health Care Number** _____

Allergies/Special Health Considerations _____