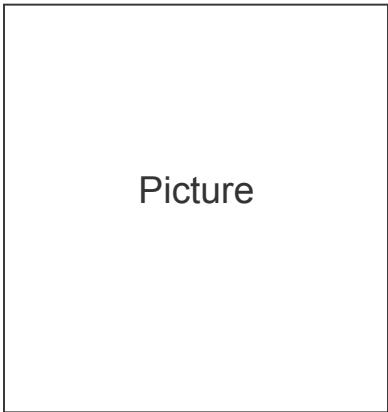


# Pauline Johnson Playschool



## REGISTRATION FORM

### 1. Child Information

Child's Name in Full \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_

### 2. Parent / Guardian (Female)

Name \_\_\_\_\_  
Place of Work \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

### 3. Parent / Guardian (Male)

Name \_\_\_\_\_  
Place of Work \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

### Alternative Contact (Other than Parent)

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

### Other People Authorized for Pick-up

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Name \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### 4. Child Emergency Information

Doctor Name / Phone \_\_\_\_\_ Medical Plan # \_\_\_\_\_  
Allergies? \_\_\_\_\_

### 5. Sibling

Sibling Living At Home

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_