

BONNIE BAIRNS CHILDCARE SERVICES

2260 Philip Avenue, North Vancouver, B.C.
Phone: (604) 983-2600 Email: bonniebairns@smartmark.biz

REGISTRATION FORM

Current Date: ____/____/____ (mm/dd/yr) Starting Date: ____/____/____

Child's Name: _____/_____/_____ (first / middle / family)

Date of Birth: ____/____/____ (mm/dd/yr)

Gender: male / female

Address: _____ City: _____

Postal Code: _____

Home Telephone: _____

Mother's Name: _____

Work Telephone: _____ Cellular: _____

Hours of Work: _____ Preference Contact Number: _____

Father's Name: _____

Work Telephone: _____ Cellular: _____

Hours of Work: _____ Preference Contact Number: _____

Authorized Person(s) to Pick Up Child

1) Name: _____ Relationship: _____ Contact number: _____

2) Name: _____ Relationship: _____ Contact number: _____

3) Name: _____ Relationship: _____ Contact number: _____

Alternate Person(s) to Contact in Emergency: (please give one who lives out of town if possible)

1) Name: _____ Relationship: _____ Contact number: _____

Address: _____

2) Name: _____ Relationship: _____ Contact number: _____

Address: _____

3) Name: _____ Relationship: _____ Contact number: _____

Address: _____

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Is your child subject to any of the following:

Allergies: (please list) _____

Bee Stings: _____ Diabetes: _____

Has your child been under Doctor's care for any prolonged time?

Have you ever been concerned about your child's speech or language development?

Have you ever been concerned about your child's behavioral problem?

Are there any special circumstances in the family which may be a factor in your child's present behaviour?

Any information which you feel will help us to know your child better:

Parent's signature: _____

Date: ____/____/____