

Full Name: _____ Start Date: _____

Birth Date: _____ Discharge Date: _____

Contact Information

Home Address (Street): _____ Apartment #: _____

City: _____ Postal Code: _____ Home Phone: _____

Mother's Name: _____ Employer: _____

City: _____ Position: _____

Business Phone: _____ Email: _____ Cell Phone: _____

Father's Name: _____ Employer: _____

City: _____ Position: _____

Business Phone: _____ Email: _____ Cell Phone: _____

Emergency Information

Doctor's Name: _____ Phone: _____

Address: _____ Health Card Number: _____

If an emergency arises and we cannot contact either you or your spouse, who can we call?
Please ensure that this person is able to pick up your child if necessary.

Name: _____ Phone: _____

Address: _____ Postal Code: _____ Relationship to Child: _____

Cell Phone: _____

Work Address: _____ Work Phone: _____

What date would you like your child enrolled? _____

Drop off time: _____

Pick Up time: _____

How did you learn of New Steps Childcare Centre? Friend Phone Book Ad Other

Has your child been cared for by others? Yes No

If yes, please check the most appropriate.

Babysitter Family Member
 Childcare Centre Nursery School

The child has: *(Please check the most appropriate answer)*

Two Parents One Parent who is: Single Separated Divorced Widowed

If parents are separated, and there are legal restrictions involved, please outline here.
(Please attach necessary papers as proof.)

Is English spoken in this child's home? Yes No

Are there any other languages spoken? *(please specify)*

The following people have our approval to pick up your child at the New Steps Childcare Centre.
MUST BE EIGHTEEN YEARS OF AGE OR OLDER.

Name <i>(first and last)</i>	Relationship to Child	Phone or Cell
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Parent Signature Parent Signature

Please provide us with the name and address of the person you wish to appear on your year end tax receipt.

Name: Address:

Tear Off Portion

Client's Name: Phone:

Address: Postal Code:

Fees BiWeekly: Tax Receipt Info: