



MAC MGS PRESCHOOL AND CHILDCARE CENTRE REGISTRATION FORM



160 Courtland Ave East
Kitchener, ON Canada N2G 3M6
childcare@macmaplegrove.com
Phone: (226) 647-8500 ext. 214

CHILD INFORMATION

First Name:	Surname:	Date of Birth: (MM/DD/YYYY)	Gender:	
Address:	Unit#:	Postal Code:	City:	Province:
Home Phone: ()	Primary Language Spoken at Home:			
Child lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian (Please provide the office with a copy of any relevant custody papers)			
Desired Start Date: (MM/DD/YY)	Days in Care: Full Time ___ Part Time ___ M T W Th F			
A.M. Drop off Time:	P.M. Pickup Time:			

PARENT / GUARDIAN INFORMATION

First Name:	Surname:	Relationship to Child:		
Address:	Unit#:	Postal Code:	City:	Province:
Home Phone: ()	Cell Phone: ()	E-mail:		
Occupation:	Employer:	Work Tel. ()		
Work Address:	Postal Code:	City:	Province:	

PARENT / GUARDIAN INFORMATION

First Name:	Surname:	Relationship to Child:		
Address:	Unit#:	Postal Code:	City:	Province:
Home Phone: ()	Cell Phone: ()	E-mail:		
Occupation:	Employer:	Work Tel. ()		
Work Address:	Postal Code:	City:	Province:	

NAME OF PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THEN PARENT/GUARDIAN

First Name:	Surname:	
Home Phone: ()	Cell Phone: ()	E-mail:
First Name:	Surname:	
Home Phone: ()	Cell Phone: ()	E-mail:

FOOD ALLERGIES

PLEASE LIST:

1. _____	Anaphylactic (Y/N)	_____
2. _____	Anaphylactic (Y/N)	_____
3. _____	Anaphylactic (Y/N)	_____

Note: If any allergies are anaphylactic- an ANAPHYLACTIC FORM must be completed.

FOOD RESTRICTIONS

PLEASE LIST:

1. _____
2. _____
3. _____

PHYSICIAN INFORMATION

Family Physician:	Phone: ()		
Address:	Postal Code:	City:	Province:



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MEDICAL INFORMATION

Does your child have any health problems? Yes No
Please explain:

Is this child on any medications? Yes No
Please list:

Does your child have any problems with the following: (Circle) Teeth Hearing Vision Nutrition Other N/A
Please explain any problems you have circled:

Medical or additional information that could be helpful in an emergency (e.g. physical markings or distinguishing characteristics):

Additional information that could be helpful in us knowing about your child i.e. involvement with other agencies such as KW Habilitation and/or Resource Consultants:

ACKNOWLEDGEMENT

Registration is not complete until all forms, required documents and applicable registration fee/deposit fee are submitted. Parents will be formally notified of their child's admission following successful completion of the admission procedures.

I (print parent/guardian name) _____ verify that all the information provided on this form is current and accurate.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE:

An intake interview has taken place with the parent/guardian to sign Centre policies/financial agreement and to meet staff to answer any questions.

Intake Interview Date: _____ Staff Signature: _____

Immunization documents returned to facility YES NO

Custody Agreement YES N/A Provided to Facility YES NO N/A

Child's Start: DATE: ____/____/____ Child's End: DATE: ____/____/____