



LAKEVIEW EXTENDED SCHOOL DAY PROGRAM INC.
KINDER-CARE REGISTRATION FORM
2024 - 2025

PARENTS / GUARDIANS NAMES _____

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE NUMBERS: HOME _____ MOTHER'S WORK _____

MOM CELL _____ FATHER'S WORK _____

DAD CELL _____ E-MAIL _____

CHILDREN'S NAME(S)	GRADE	TEACHER'S NAME	HOSPITALIZATION #	BIRTHDAY

PLACE A CHECK BESIDE THE DAYS YOU EXPECT YOUR CHILD TO ATTEND EACH WEEK

CIRCLE AM OR PM CLASS

DAILY _____ MON. AM or PM _____ TUES. AM or PM _____ WED. AM or PM _____ THURS. AM or PM _____ FRI. AM or PM

CASUAL _____ MON. AM or PM _____ TUES. AM or PM _____ WED. AM or PM _____ THURS. AM or PM _____ FRI. AM or PM

PEOPLE IN WHOSE CUSTODY WE CAN DISMISS YOUR CHILDREN (PLEASE PROVIDE CUSTODY AGREEMENT IF APPLICABLE)

DOCTOR'S NAME AND PHONE NUMBER

MEDICAL OR OTHER PROBLEMS THAT STAFF SHOULD BE AWARE OF AND CARE NEEDED

ALLERGIES (FOOD OR MEDICATION- PLEASE DESCRIBE IN DETAIL)

AN EMERGENCY CONTACT PERSON WE CAN CONTACT IF A PARENT CANNOT BE REACHED

NAME _____

ADDRESS _____

PHONE NO. _____