



REGISTRATION

Ready to Register?



If you are ready to register, please fill out both sides of this form. Additional copies are available on our web site.

If you have more than two children, simply use a second copy.

Thank you!

We're on the web:
nazarenedaycare.org

Uncertain about something?
Not sure what to fill in? Just ask us!



Nazarene Daycare
Rev. Clayton Keats, Director.

2111 Centennial Street
Whitehorse YT Y1A 3Z6

Phone: 867-633-5520
Email: nazarenedaycare@gmail.com

Thank you for choosing the Nazarene Daycare.

Current and up to date information is essential for the health and safety of your child. If at any time the information about your child changes, please inform us immediately.

Once we have received and processed this information, we will prepare an emergency contact sheet that will be printed and available for our staff. You will be asked to review and initial that emergency contact sheet. If there is ever an emergency, staff will access the information on that sheet. Likewise, unless we receive other instruction, only those listed as parents or contacts will be permitted to take your child out of the centre.

To help us serve you better, in addition to the essential information on the reverse side, your input to these questions will also be helpful.

Has your child attended a previous daycare or dayhome? If so, where?

How did you hear about us?

What is the main reason for choosing our daycare?

Are you applying for Child Care Subsidy?

Is there any other information that we need to know?

I have read and agree to the terms provided in the Parent Handbook. I consent to any emergency medical treatment necessary for my children. I agree to pay the applicable fee as specified in the parent handbook, due on the first working day of each month.

Your Name: _____

Signature: _____

Date: _____

<u>PARENTAL INFORMATION</u>	Parent / Guardian	2nd Parent / Guardian
Last Name, First Name		
Address		
City, Postal Code		
Home Phone		
Work Phone		
Employer		
Email Address		

<u>CONTACT INFORMATION</u>	Name	Phone Number(s)
Doctor		
Contact 1		
Contact 2		
Contact 3		

<u>CHILD'S INFORMATION</u>	Child 1	Child 2
Child's Name		
Date of Birth		
Are Immunizations Up to Date?		
Any Allergies? If so list.		
Full Time or Part Time?		
Regular Fee		
Health Care Number		