



REGISTRATION

APRIL 2019

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.

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?

Do you give us permission to take pictures of your child(ren)? [Yes / No]

Do you give us permission to publish photos of your children at play on our website (without any names included)? [Yes / No]

I have read and agree to the terms provided in the Parent Handbook. If at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures or medical treatment they deem necessary for the protection of my child/ren while in their care.

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: _____

PLEASE NOTE: All Parental Information is required, along with a doctor's name and phone number, at least ONE emergency contact besides the parent(s), and the child's health care number. Without this information we can not receive your child in care. We must have all of this required information before we can care for your child. Please update any changes to this form ASAP.

<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 (required). Please list Clinic or Practice Name and Address. ** VERY IMPORTANT **		
Alternate Contact 1 (required) ** VERY IMPORTANT **		
Alternate Contact 2		
Alternate Contact 3		

<u>CHILD'S INFORMATION</u>	Child 1	Child 2
Child's Name		
Date of Birth (MM/DD/YY)		
Are Immunizations Up to Date? ** VERY IMPORTANT **		
Any Allergies? If so list.		
Full Time or Part Time?		
Regular Fee		
Health Care Number ** VERY IMPORTANT but optional **		