



REGISTRATION FORM

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ID



Child's full name

Date of Birth (D/M/Y)

Gender

Female

Male

Place of Birth

Nationality

Mother's Maiden Name

Nationality

Address of the child	Address 1	Address 2
Province		
City		
Region		
Street, Building, Floor		
Phone number		

Has the child ever been admitted in a day care center?

 No Yes, specify: When

Where

Full time h m AM - h m PM

Monday

Part time h m AM - h m PM

Tuesday

Wednesday

Thursday

Monthly Tuition

Friday

Relationship	Father	Mother	Guardian
Name			
Mobile			
Home Phone			
Home Address			
Profession			
Employed by			
Work Phone			
Email			



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Is there a special status for parents? No Yes, specify (Death Mother/ Father - Divorce - Separation - Remarriage - etc.)

In case of a divorce or separation, the child lives with Mother Father Joint

Is there any particular health situation at home which the center must be aware of? No Yes, specify (auditory, visual, intellectual, mental, psychological, nervous, other)

Does your child have a physical or health problem that prevents them from participating in class activities? No Yes, specify

Brothers / Sisters Names	Date of Birth (D/M/Y)	Gender
<input type="text"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male
<input type="text"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male
<input type="text"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male
<input type="text"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male

The child is the Eldest Middle Youngest

Persons authorized to accompany your child:

1	Name	<input type="text"/>	Relationship	<input type="text"/>
	Address	<input type="text"/>	Home Phone	<input type="text"/>
	Mobile	<input type="text"/>	Work Phone	<input type="text"/>
2	Name	<input type="text"/>	Relationship	<input type="text"/>
	Address	<input type="text"/>	Home Phone	<input type="text"/>
	Mobile	<input type="text"/>	Work Phone	<input type="text"/>

The child takes the center's bus No Yes, specify Morning Afternoon

Name	<input type="text"/>	Reason	<input type="text"/>
Name	<input type="text"/>	Reason	<input type="text"/>

Please note that any person authorized to accompany your child must present his/her identity card.



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FORM**
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Contact in case of emergency (other than parent / guardian)

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>	Home Phone	<input type="text"/>
Mobile	<input type="text"/>	Work Phone	<input type="text"/>

HEALTH INFORMATION

Doctor	<input type="text"/>	Phone	<input type="text"/>
Dentist	<input type="text"/>	Phone	<input type="text"/>
Your child's blood type	<input type="text"/>		

Does your child suffer from allergies or follow a chronic treatment? No Yes, specify
 [Complete related forms – the day care disclaims all liability for injuries/incidents suffered by a child as a result of a reaction resulting from an unreported allergy]

GENERAL INFORMATION

Does your child wear diapers? No Yes

Does your child take a nap during the day? No Yes, Specify the time:
 From Until From Until

Does your child drink milk? No Yes, Specify:
 Type Quantity per meal Number of meals

Describe the behavior of your child with other children:
 Quiet Aggressive Shy Happy Other

Languages spoken and understood by your child:
 French English Arabic Other

When your child needs to go to the toilet, is (s)he able to ask or tell?
 No Yes, How?

Other Remarks (Information you deem useful)

I, the undersigned, Mr. / Mrs.
 parent/ Guardian of the child certify that all the above
 information is accurate and complete, and I confirm to comply with the rules established
 in the nursery and provide all the documents required by management.

Parent/guardian signature _____ **Date** _____