



Sunny Faces Day Care, 30 Harefield Drive, Etobicoke ON, M9W 4C9 (416 744 0778)

REGISTRATION FORM

Child's School _____ Day Care Centre _____

CHILD: _____

Date of Birth: (D/M/Y _____) Surname _____ Age _____ Given Names _____ Gender: Male _____ Female _____ Nickname _____

Address _____ City: _____ Postal Code: _____

Home Tel. (_____) _____ - _____ Street number

Custody: Mother _____ Father _____ Both _____ Guardian (circle one) _____ Are you a subsidized client? Yes _____ No _____ (circle one)

PARENT #1: Name _____

Home Address _____ City: _____ Postal Code _____

Telephone Numbers: Home (_____) _____ - _____ Street number Cell (_____) _____ - _____ Business (_____) _____ - _____

Email _____ Yes, I would like to receive information and updates by email

PARENT #2: Name _____

Home Address _____ City: _____ Postal Code _____

Telephone Numbers: Home (_____) _____ - _____ Street number Cell (_____) _____ - _____ Business (_____) _____ - _____

Yes, I would like to receive information and updates by email - Email _____

Please give the names, addresses and telephone numbers of two local friends or relatives who would assume responsibility for your child in the event of an emergency or who are authorized to pick up your child (including spouses)

1. Name _____ Home (_____) _____ - _____ Work (_____) _____ - _____ ext _____

City _____ Relationship to Child: _____

2. Name _____ Home: (_____) _____ - _____ Work: (_____) _____ - _____ ext _____

City _____ Relationship to Child _____

Check the child's program requirements

Full Day Preschool _____	JK/SK (AM) _____	Summer Full Time (JK/SK) _____
School Age (Before & After) _____	JK/SK (PM) _____	Summer Full Time (School Age) _____
School Age (Bussed) _____	JK/SK (AM & PM) _____	

I have received a 2020 Parent Handbook. I understand all policies and procedures outlined in the Parent Handbook. I have completed my child's full Medical information forms inclusive of Medical release forms.

Parent's Signature _____ Date _____

For office use only _____ **Staff Signature** _____

Date Received _____ **Time** _____ **Withdrawal Date** _____

Original Start Date _____ **Program Start Date** _____

New Participant _____ **Returning Participant** _____ **Transferred Participant From** _____