



Oakville Parent-Child Centre
DISCOVERY STATION NURSERY SCHOOL
 2016/2017

Registration Form

INV# _____

Please indicate your 1st, 2nd and 3rd choice of program and location:

Program Days	Age Group	Time	Location	OFFICE USE ONLY	
				Program Code	WL
1.					
2.					
3.					

Child's Name:							
First		Last		Commonly Used Name			
Date of Birth:	Month	Day	Year				
Address:				Sex:	M		F
Town:	Postal Code:			Home Phone #:			

Parent/Guardian: _____ **Home Phone #:** _____
First Last

Home Address: _____

Cell Phone: _____ Occupation: _____

Place of Business: _____ Bus. Phone #: _____

Business Address: _____
Street Address City/Town

E-mail Address: _____ Relationship to Child: _____
Please print neatly

Parent/Guardian: _____ **Home Phone #:** _____
First Last

Home Address: _____

Cell Phone: _____ Occupation: _____

Place of Business: _____ Bus. Phone #: _____

Business Address: _____
Street Address City/Town

E-mail Address: _____ Relationship to Child: _____
Please print neatly

Are both parents authorized to pick the child up? Yes No If no, please explain:

Who would we contact first in case of an emergency ? _____

The information being collected is for the sole use of OPCC (including its staff and representatives) and may be used to communicate with you. Personal information will not be shared or sold to any third parties, without your consent, except in instances where we are required to do so in accordance with health and safety requirements or other legal obligations.

Please complete the reverse side of this form...



In the case of emergency, I give permission to the staff of Oakville Parent-Child Centre to authorize necessary medical treatment for my child.

Signature: _____ Date: _____

Please give the names, addresses and telephone numbers of **three (3)** local friends or relatives that would assume responsibility for your child in the event of emergency, or who are authorized to pick your child up.

1.	Name:	Daytime Phone #:	Cell Phone #:
	Address:		Relationship to Child:
2.	Name:	Daytime Phone #:	Cell Phone #:
	Address:		Relationship to Child:
3.	Name:	Daytime Phone #:	Cell Phone #:
	Address:		Relationship to Child:

Family Doctor: _____ Telephone #: _____

Street Address: _____ City/Town: _____

Previous Communicable Diseases: _____

Medical condition or known allergies: _____ Dietary Restrictions: _____

Does your child have an epipen? _____ Does your child have a rescue reliever inhaler? _____ Home use only? _____

Are you involved or on the waiting list for: speech services integration services other : _____

Statement of Immunization

Please complete and sign an immunization form. If your child is not being immunized, please contact the office and request a "Statement of Conscience".

General Information Booklet

I have read and understand the policies as outlined in Oakville Parent-Child Centre's *Discovery Station Nursery School General Information Booklet*.

Signature of Parent: _____ Date: _____

How did you hear about the Centre? Friend Advertisement Other please specify: _____

OFFICE USE ONLY							
Program Start Date: _____		Fees: _____		Withdrawal Date: _____			
Changes: Program: _____		Date: _____		Fee: _____			
Integrated: _____		Assistance: _____		Other: _____			
DATE PAID	CASH/CH/PAP	AMOUNT	PERIOD COVERED	DATE PAID	CASH/CH/PAP	AMOUNT	PERIOD COVERED
		\$50.00	Reg. Fee	Jan. 1, 2017			Jan. 2017
			June 2017	Feb. 1, 2017			Feb. 2017
Sept. 1, 2016			Sept. 2016	Mar. 1, 2017			Mar. 2017
Oct. 1, 2016			Oct. 2016	Apr. 1, 2017			Apr. 2017
Nov. 1, 2016			Nov. 2016	May 1, 2017			May 2017
Dec. 1, 2016			Dec. 2016				