



Oakville Parent-Child Centre
DISCOVERY STATION NURSERY SCHOOL
 2017/2018

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: _____ Language(s) Spoken: _____

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 Erinoak Kids ROCK Development Consultant Halton Region 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, 2018			Jan. 2018
			June 2018	Feb. 1, 2018			Feb. 2018
Sept. 1, 2017			Sept. 2017	Mar. 1, 2018			Mar. 2018
Oct. 1, 2017			Oct. 2017	Apr. 1, 2018			Apr. 2018
Nov. 1, 2017			Nov. 2017	May 1, 2018			May 2018
Dec. 1, 2017			Dec. 2017				