DAYSTAR MONTESSORI CHILDCARE

Registration Form

Address: 11040 River Road, Delta, BC V4C 2S2
Telephone: 778-918-6315

Child's Full Name _____ Usual Name *(if different)* _____

Date of Birth (mm/dd/yyyy) _____ Gender: Male ☐ Female ☐

Home Address _____ Postal Code _____

Child's Care Card Number _____ Home Telephone _____

Parents/Guardians 1. _____ 2. _____

Telephone 1. _____ 2. _____

Email Address _____

Alternate Emergency Contact Person:

Name _____ Relationship _____ Phone _____

Medical Contact:

Family Doctor / Clinic Name _____ Telephone _____

Address _____

Alternate Person Authorized to Pick Up Child (other than parent/guardian listed above):

Name _____ Relationship _____ Phone _____

Copies of the following documents must be provided upon registration:

Record of immunization ☐

Custody Agreement (if applicable) ☐

Additional Information (e.g. food allergies, medications, etc.)

_____

_____

Parent or Guardian Signature _____ **Date** _____

(Facility Use Only) Registration Number: _____

Child's Starting Date	Comments	Child's Withdrawal Date	Reason for Withdrawal
Signature of Facility Manager:			