



# OTTEWELL COMMUNITY LEAGUE PLAYSCHOOL

## Registration Form

### CHILD'S PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is your child's immunization up-to-date?  YES  NO  
(If immunization is not up-to-date, please refer to the Registration Guide for our current immunization policy)

Does your child have a disability / medical condition?  
(e.g. diabetes, allergies, epilepsy, etc.)  YES  NO

If YES, please provide details: \_\_\_\_\_

Is your child taking any medication on an ongoing basis?  YES  NO

If YES, please provide details: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Alberta Health Care No: \_\_\_\_\_

### PARENT(S) PERSONAL INFORMATION

Full Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Numbers: Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Numbers: Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

With whom does the child reside: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

(other than parent) Address: \_\_\_\_\_

Community League and Number: \_\_\_\_\_

(A Community League Membership number must be provided prior to the beginning of the specified Term)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date