

44 Port Street W
Mississauga, On
L5H 1C9
905-274-4386
Fax: 905-274-9935
funschool@bellnet.ca
www.fun-school.ca



Registration Form
2017 - 2018

Class _____
Date of Admission:
____ / ____ / ____
dd mm yy
Date of Discharge:
____ / ____ / ____
dd mm yy
For Office Use Only

All information must be completed in full prior to admission

CHILD INFORMATION

<i>Child's Last Name:</i>	<i>Child's First Name:</i>	<i>Gender:</i> Male Female	<i>Date of Birth:</i> ____ / ____ / ____ dd mm yy
---------------------------	----------------------------	----------------------------------	---

Child Resides With: Both Mother Father
Guardian

PARENT/GUARDIAN INFORMATION

	<i>Parent #1 Relationship:</i>	<i>Parent #2 Relationship:</i>
<i>Parent Name:</i>		
<i>Home Tele. #:</i>		
<i>Cell #:</i>		
<i>Home Address: No. & Street City and Postal Code</i>		
<i>Email Address- print:</i>		

BUSINESS INFORMATION

<i>Occupation:</i>	
<i>Business Name:</i>	
<i>Business Address: No. & Street City and Postal Code</i>	
<i>Business Tele. #:</i>	

SIBLING INFORMATION

<i>Name</i>	<i>D.O.B dd / mm / yy</i>	<i>Name</i>	<i>D.O.B dd / mm / yy</i>
1.		3.	
2.		4.	

EMERGENCY CONTACTS- OTHER THAN PARENT(S)/ GUARDIANS(S) *Must have at least one* Note: CHILD MAY BE RELEASED TO ADULTS ON THIS LIST AT ANY TIME. Photo ID is required

<i>Name: Print name as on photo ID.</i>	<i>Home Tele. #</i>	<i>Cell #</i>	<i>Relationship to child</i>
1.			
2.			
3.			
4.			

PEDIATRICIAN OR FAMILY DOCTOR

Doctor's Name:

Telephone Number:

*Address: No. Street
Postal Code*

City

Note: Email addresses are collected so that you can receive updates regarding school programs including flyers, surveys, newsletters and billing information. If you would like to receive these updates, please complete your email address above. The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act.

INDIVIDUAL CHILD'S INFORMATION

Does your child have any food allergies/
intolerances? Yes No

If "Yes" please specify:

Does your child have any
environmental allergies? Yes
No

If "Yes" please specify:

Does your child require an
Epinephrine Auto-Injector Yes
No
*Note: Anaphylaxis documentation must
be completed one week prior to child's start
date.*

If "Yes" please specify:

Does your child have any
medical conditions which
may require medication? Yes
No

If "Yes" please specify and explain (i.e.
eczema, asthma, seizures, diabetes etc.):

Will any medication remain
at School? Yes
No
*Note: An Authorization of Medication Form is
required one week prior to child's start date.*

If "Yes" please specify:

Does your child have any
physical restrictions? Yes
No

If "Yes" please specify:

Does your child have any special requirements in respect to diet, rest or exercise? (ie, Allergies/ Halal, naps etc.) Yes No	If "Yes" please specify: Under 24 months-can drink 2% milk - Yes/ No?
--	--

Do you have any concerns regarding your child's development? Yes No	If "Yes", please specify (i.e. speech, behaviour, etc.):
---	--

Previous Communicable Diseases (i.e. Chicken pox, measles, etc.)	Date
--	------

--	--

--	--

Previous Illness or Injury (i.e. broken arm/leg, bronchitis, ear infections, etc.)	Date
--	------

--	--

--	--

I have provided the above information for the staff of FUN School to use in an emergency situation; otherwise it is to be kept private and confidential. I understand it is my responsibility to update this information, in writing if any changes occur

If at any time medical treatment is required due to such circumstances as accident, emergency, or sudden illness, treatment may be given if necessary, by a private physician or hospital. I give permission to transport my child to hospital and that any expense incurred for such treatment is my responsibility.

As required by the Region of Peel Health Department, Record of Immunization or completed Exemption Form MUST be Submitted prior to a child's start date.

Please note: FUN School leases the facility at 44 Port Street West from the Dufferin-Peel Catholic District School Board and is not in any way affiliated with or sponsored by the Dufferin-Peel Catholic District School Board.

Parent/Guardian Please Print Name
 Only one parent/guardian signature required

Parent/Guardian Signature

Date