

44 Port Street W  
 Mississauga, On  
 L5H 1C9  
 905-274-4386  
 Fax: 905-274-9935  
[funschool@bellnet.ca](mailto:funschool@bellnet.ca)  
[www.fun-school.ca](http://www.fun-school.ca)



Registration Form  
 2018 -2019

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> <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Date of Birth:</i> ____ / ____ / ____ dd mm yy
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**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. &amp; Street City and Postal Code</i>		
<i>Email Address-print:</i>		

**BUSINESS INFORMATION**

<i>Occupation:</i>	
<i>Business Name:</i>	
<i>Business Address: No. &amp; 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**

<i>Doctor's Name:</i>	<i>Telephone Number:</i>
<i>Address: No. Street</i>	<i>City Postal Code</i>

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please specify:
Does your child have any environmental allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please specify:
Does your child require an Epinephrine Auto-Injector <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Anaphylaxis documentation must be completed one week prior to child's start date.</i>	If "Yes" please specify:
Does your child have any medical conditions which may require medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please specify and explain (i.e. eczema, asthma, seizures, diabetes etc.):
Will any medication remain at School? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: An Authorization of Medication Form is required one week prior to child's start date.</i>	If "Yes" please specify:
Does your child have any physical restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please specify:
Does your child have any special requirements in respect to diet, rest or exercise? (ie, Allergies/Halal, naps etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please specify:  Under 24 months-can drink 2% milk – Yes/No?
Do you have any concerns regarding your child's development? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please specify (i.e. speech, behaviour, etc.):

<b>Previous Communicable Diseases</b> (i.e. Chicken pox, measles, etc.)	Date

<b>Previous Illness or Injury</b> (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
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