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| 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 | FunSchool 2 color  Registration Form | Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Admission:  \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_  dd mm yy  Date of Discharge:  \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_  dd mm yy  For Office Use Only |

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| ***All information must be completed in full prior to admission*** | | | | | | | | | | | |
| **CHILD INFORMATION** | | | | | | | | | | | |
| *Child’s Last Name:* | | | | *Child’s First Name:* | | | *Gender:*  Male Female | | | | *Date of Birth:*  *\_\_\_\_\_ / \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_*  *dd mm yy* |
| ***Child Resides With: Both*  *Mother*  *Father*  *Guardian*** | | | | | | | | | | | |
| **PARENT/GUARDIAN INFORMATION** | | | | | | | | | | | |
|  | *Parent #1 Relationship:* | | | | | | | *Parent #2 Relationship:* | | | |
| *Parent Name:* |  | | | | | | |  | | | |
| *Home Tele. #:* |  | | | | | | |  | | | |
| *Cell #:* |  | | | | | | |  | | | |
| *Home Address:*  ***No. & Street***  ***City and Postal Code*** |  | | | | | | |  | | | |
| *Email Address-print:* |  | | | | | | |  | | | |
| **BUSINESS INFORMATION** | | | | | | | | | | | |
| *Occupation:* |  | | | | | | |  | | | |
| *Business Name:* |  | | | | | | |  | | | |
| *Business Address:*  ***No. & Street***  ***City and Postal Code*** |  | | | | | | |  | | | |
| *Business Tele. #:* |  | | | | | | |  | | | |
| **SIBLING INFORMATION** | | | | | | | | | | | |
| *Name* | | *D.O.B dd / mm / yy* | | | *Name* | | | | | *D.O.B dd / mm / yy* | |
| *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** | | | | | | | | | | | |
| *Name: Print name as on photo ID.* | | | *Home Tele. #* | | | *Cell #* | | | *Relationship to child* | | |
| *1.* | | |  | | |  | | |  | | |
| *2.* | | |  | | |  | | |  | | |
| *3.* | | |  | | |  | | |  | | |
| 4. | | |  | | |  | | |  | | |
| **PEDIATRICIAN OR FAMILY DOCTOR** | | | | | | | | | | | |
| *Doctor’s Name:* | | | | | | *Telephone Number:* | | | | | |
| *Address: No. Street City*  ***Postal Code*** | | | | | | | | | | | |
| 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. | | | | | | | | | | | |

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| **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 Yes No  diet,rest or exercise? (ie, Allergies/Halal,naps etc.) | 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 |
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| **Previous Illness or Injury**  (i.e. broken arm/leg, bronchitis, ear infections, etc.) | | Date |
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| 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 | | | |