

Moberly Childcare Centre Quick Registration Form

Select Location:

Child's Information:

Child's Full Name: _____

Child's Date of Birth: ____ / ____ / ____ Child's Start Date: ____ / ____ / ____

Child's Home Address: _____

City: _____ Province: _____ Postal Code: _____

Parent's / Guardian's Information:

Parent/Guardian #1 Full Name: _____

Parent/Guardian #2 Full Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contacts:

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Preferred Days and Time of Care: (Please tick boxes)

Full-time (Monday to Friday, 8:00 am - 5:00 pm)

Part-time (Please specify the days and time): _____

Allergies or Special Needs (if any): _____

I, _____ (Parent/Guardian Name), certify that the information given is accurate and complete.

Signature: _____ Date: ____ / ____ / ____