

East Preston Daycare Family Resource Centre

**After School Program - Registration Form
Tuesdays & Wednesdays 3:30-5:30 p.m.**

PLEASE COMPLETE AND PRINT CLEARLY

Youth Name: _____ **Age:** _____

Parent/Guardian Name/s: _____

E-mail Address: _____

Address: _____

Contact Number: _____

Health Card: _____ **Family Doctor:** _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

1. Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Medical Conditions: _____

Allergies: _____

Special Instructions: _____

Persons authorized to pick up your child/children: _____

Parents/Guardians Signature: _____ **Date:** _____



National Library of Medicine