



# Morning Pre-School Application

# Brant Children's Centre

www.brantchildrenscentre.com | 3180 New Street, Burlington, Ontario L7N 1M8  
Phone: 905-634-5518 | Fax: 905-634-5510

## CHILD INFORMATION

Name of child (last/first) : \_\_\_\_\_ Date of Birth (d/m/yy) : \_\_\_\_\_

Address (number, street, city) : \_\_\_\_\_

Postal Code : \_\_\_\_\_ Home Phone : \_\_\_\_\_ Sex :  female  male

Any allergies or other medical concerns : \_\_\_\_\_

\* If child has asthma or an anaphylaxis allergy, parent will need to complete an Emergency Action Plan.....  Yes  No

Doctor's Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Address (number, street, city) : \_\_\_\_\_

## PARENT INFORMATION

Mother's Name (last/first) : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Place of Employment : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Work Address (number, street, city) : \_\_\_\_\_

email : \_\_\_\_\_

Father's Name (last/first) : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Place of Employment : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Work Address (number, street, city) : \_\_\_\_\_

email : \_\_\_\_\_

Alternate home address if different from child's : \_\_\_\_\_

## AUTHORIZATION

**In case of emergency, and parents cannot be reached, please contact the following:**

Name (last/first) : \_\_\_\_\_ Home Phone : \_\_\_\_\_

Address (number, street, city, postal code) : \_\_\_\_\_

Work Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Relationship to child : \_\_\_\_\_

I authorize the following person(s) to pick up my child from Brant Children's Centre\*

\_\_\_\_\_

\*List all persons with their phone numbers except for your name and the emergency contact.

## MORNING PRE-SCHOOL

Program: 2 mornings (Tue. & Thu.)  3 mornings (Mon., Wed. & Fri.)  5 mornings (Mon. to Fri.)

Transportation (if required):  Pick up from home  Drop off at home

**Note:** Registration Fee and Post-Dated Cheques are due at the time of the interview.

Two weeks' notice is required for any cancellation.

Parent's Signature : \_\_\_\_\_ Date of application : \_\_\_\_\_

## OFFICE USE ONLY

Registration paid  Post-dated cheques Withdrawal Date : \_\_\_\_\_ Start date : \_\_\_\_\_