



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.

PROGRAM

Program: 2 mornings 3 mornings 4 mornings 5 mornings

Days attending: Monday Tuesday Wednesday Thursday Friday

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

One month's notice is required for any cancellation.

Parent's Signature : _____ Date of application : _____

OFFICE USE ONLY

Registration paid Post-dated cheques Withdrawal Date : _____ Start date : _____