



York University Co-operative Daycare Centre

Registration Form

Child Information:

Child's First Name: Child's Last Name: Date of Birth: Male Female Other Address: Apt #: City: Province: Postal Code: Home #:

Custody Information: Up to date legal court documents must be provided to the Office. N/A

Name of Custodian (s): Relationship to Child: Name of Individual Prohibited from Accessing or Picking Up Your Child:

Subsidy (if applicable): Most recent subsidy letter must be included to be registered.

Do you receive subsidy through the municipality: Yes No File # Daily Rate \$?

Parent/Guardian 1:

First Name: Last Name: Address: Apt #: City: Province: Postal Code: Home #: Cell #: E-Mail Address:

Business Name/Educational Institution: Telephone #: Address: City: Province: P. Code:

Parent/Guardian 2: N/A

First Name: Last Name: Address: Apt #: City: Province: Postal Code: Home #: Cell #: E-Mail Address:

Business Name/Educational Institution: Telephone #: Address: City: Province: P. Code:

**In the event of an emergency and if a parent cannot be reached,
the following individual(s) may be contacted and will act on your behalf. Please list in order of preference.**

The names of our EMERGENCY CONTACTS will follow as we are new to the country/area. []

1.First Name: _____

Address: _____

Province: _____ Postal Code: _____

E-Mail Address: _____

Relationship to Child: _____

Last Name: _____

Apt #: _____ City: _____

Home #: _____ Cell #: _____

Business #: _____ ext. _____

Authorized to pick up your child

2.First Name: _____

Address: _____

Province: _____ Postal Code: _____

E-Mail Address: _____

Relationship to Child: _____

Last Name: _____

Apt #: _____ City: _____

Home #: _____ Cell #: _____

Business #: _____ ext. _____

Authorized to pick up your child

3.First Name: _____

Address: _____

Province: _____ Postal Code: _____

E-Mail Address: _____

Relationship to Child: _____

Last Name: _____

Apt #: _____ City: _____

Home #: _____ Cell #: _____

Business #: _____ ext. _____

Authorized to pick up your child

AUTHORIZATION TO REGISTER

In registering, I am permitting my child to attend the programs affiliated with York University Co-operative Daycare Centre. I declare that I have read and will abide by the policies and procedures as outlined in the Family Handbook.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Deposit: _____

Date of Admission: _____

Date of Discharge: _____

Staff Signature: _____

Staff Signature: _____

Staff Signature: _____