



# Marlborough Park Preschool Registration

Year: \_\_\_\_\_

Class: \_\_\_\_\_

**Child Information**

First Name		Last Name	
Preferred Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthday (YYYY-MM-DD)	
Address		City/Town	Postal Code
Child Care Provider		Child Care Provider Phone	

**Parent Information**

Parent/Guardian Name		Parent/Guardian Email	
Primary Phone	Work Phone	Email address	
Address Same as child <input type="checkbox"/> yes <input type="checkbox"/> no		City/Town	Postal Code
Parent/Guardian Name		Parent/Guardian Email	
Primary Phone	Work Phone	Email address	
Address Same as child <input type="checkbox"/> yes <input type="checkbox"/> no		City/Town	Postal Code
If separated or divorced, do both parents have permission to pick up the named child? YES <input type="checkbox"/> NO <input type="checkbox"/> Is there a custody agreement in place for the child? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please make sure to provide details in the registration package.			

Alberta Health Care Number	Family Doctor	Doctor Phone Number
Emergency contacts – We require at least 1 emergency contact that is NOT a parent/guardian.		
Emergency Contact #1		Relationship to Child
Emergency Contact Phone	Emergency Contact Address (Physical Address, not PO Box)	
Emergency Contact #2		Relationship to Child
Emergency Contact Phone	Emergency Contact Address (Physical Address, not PO Box)	

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

