- Registration Form –

Location:

Child's Full Name:		Child's Preferred Name:	
Date of Birth:		☐ Male	☐ Female
Parent/Guardian Name(s):			
Mailing Address:			
Telephone:	Home:	Work:	
Emergency Contact-Name & Telephone:			
Child's Health Card Number:	Family Doctor:	Phone:	
Child's Medical Conditions or Allergies:		Medications:	
Limits to child's physical activity:			

1Has your child had any previous group play experience or preschool? If yes when:
Do you consider this to be a good experience for him/her?
What is your child's favorite play activity? (coloring, cars, books)
Is your child toilet trained?
Describe any particular fears your child has shown; (loud noises, strangers, or animals)
Any other information about your child's behavior that would help us provide care for your child?
Other Comments:
Please list anyone **other than yourself** who will be picking up your child. ***Only people you list here may pick up your child.***

Do you give permission for your child to be photographed while at the program for use in publications associated with the South Shore Family Resource Association?	☐ YES ☐ NO	Signature: _____

How do I register?

Fill out the above registration form and return it to the Centre on or before June 29th by Faxing the form to (902) 354-2382 Mail to The Queens Family Resource Centre P.O. Box 1360 Liverpool, NS B0T 1K0 or in person to the Centre at 108 College St. (down stairs)