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REGISTRATION FORM

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Ph: _____

Employed By: _____ Office Ph: _____

Work Address: _____ Work Hours: _____ Cell Ph: _____

Custodial Parent (If married, mark both parents) Mother's SIN (optional): _____

Email: _____ Driver's License # (optional): _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Ph: _____

Employed By: _____ Office Ph: _____

Work Address: _____ Work Hours: _____ Cell Ph: _____

Custodial Parent (If married, mark both parents) Father's SIN (optional): _____

Email: _____ Driver's License # (optional): _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Start date/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: D/ M/ Y _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Ph: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No



2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Start date/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: D/ M/ Y _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Ph: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Start date/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: D/ M/ Y _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Ph: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Start date/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: D/ M/ Y _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Ph: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No



Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up

Name: _____ Ph: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up

Name: _____ Ph: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up

Name: _____ Ph: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up

Name: _____ Ph: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____



Tuition / Payment Information:

Current Tuition Amount: _____ Bi-Weekly

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent (s) Signature: _____ Date: _____

Thank You!

