



O' Happy Day Daycare Registration Form

OFFICE USE ONLY
\$25 Registration Fee

94 Vaughan Road
Toronto, ON.,
Canada
M6C 2M1
Tel. 416-656-2929
Fax 416-656-2772
E-mail: info@ohappyday.ca
Web: www.ohappyday.ca

REGISTRATION DATE: _____

DESIRED ENROLLMENT DATE: _____

CHILD

Child's Name: _____ Child's D.O.B. (yy/mm/dd): ____ / ____ / ____

Address: _____ City: _____

Postal Code: _____ Home Phone #: _____

PARENT(S) / PRIMARY CAREGIVER(S)

1. Caregiver's Name: _____ Relation to Child: _____

Home Address: _____ Home Phone #: _____

Business Name: _____ Bus. Phone #: _____

Business Address: _____ Mobile Phone #: _____

Email Address: _____

2. Caregiver's Name: _____ Relation to Child: _____

Home Address: _____ Home Phone #: _____

Business Name: _____ Bus. Phone #: _____

Business Address: _____ Mobile Phone #: _____

Email Address: _____

EMERGENCY CONTACT(S) (other than those listed above)

1. Name: _____ Relation to Child: _____

Phone #: _____ Alternate Phone #: _____

2. Name: _____ Relation to Child: _____

Phone #: _____ Alternate Phone #: _____

HEALTH / MEDICAL (Continue on back of page if necessary. Details and policies to be completed on separate forms)

Allergies: _____

Symptoms of Allergies: _____

Food Restrictions: _____

Previous Medical Conditions: _____

Additional Information (use back of page if necessary): History of communicable disease, conditions requiring medical attention and record of immunization or exemption.

Pediatrician's Name: _____ Phone #: _____

Office Address: _____

**Please update all information as it changes through written notice.*

*** IF YOU PAID A FULL TUITION TO KEEP YOUR CHILD'S SPOT AND WISH TO CANCEL YOUR REGISTRATION**

YOUR PAYMENT WILL NOT BE RETURNED TO YOU* Parent /Guardian Signature _____

OFFICE USE ONLY:

Enrollment Date: _____ Withdrawal Date: _____