

# CHILD REGISTRATION FORM GENESIS CHRISTIAN PRESCHOOL PROGRAM

Child's Name: \_\_\_\_\_  
(Last Name) (First Name) (Given Name(s))

Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

Sex:  M  F Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Child's Address: \_\_\_\_\_

*If individual's address is a P.O. Box you must also provide the 911 Emergency Services address or legal land description, if there is no 911 address. This is required by Government of Alberta Child Services.*

**Parent Information:**

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
Postal Code: _____	Postal Code: _____
911 address (if different): _____	911 address (if different): _____
Home Phone #: _____	Home Phone #: _____
Place of Work: _____	Place of Work: _____
Business / Daytime Phone: _____	Business / Daytime Phone: _____

**Emergency Contact Person: (other than parents)**

Name: _____	Relationship to Child: _____
Address: _____	Telephone #: _____
911 Address: _____	
Name: _____	Relationship to Child: _____
Address: _____	Telephone #: _____
911 Address: _____	

**Authorized Release: (adult persons to whom the child may be released other than parents)**

Name: _____	Telephone #: _____
Name: _____	Telephone #: _____

**Persons to Whom the Child May Not be Released (if parent will need copy of court order):**

Name(s): \_\_\_\_\_

Special Needs or Disabilities: (Please provide details) \_\_\_\_\_

Allergies: (Food or Material) \_\_\_\_\_

Is your child's immunization complete?  Yes  No

If No checked - I am aware as a parent that my child while socializing with other children in the program maybe exposed to childhood diseases that are covered as part of immunization program and I hold neither the program, parents or children liable to any sickness as such my child may contract

Date form completed \_\_\_\_\_ Parent Signature \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Termination from Program Date: \_\_\_\_\_