

**Grace Note Child Care Centre (2010) Limited
Registration Form**

Child's Name: _____ Date of Birth: _____

Start Date: _____ NS Health Card: _____ Withdrawal Date: _____

Parent/Guardians	Mother/Partner	Father/Partner
Parents Name		
Street Address		
City		
Postal Code		
Home Phone		
Work Phone		
Cell Phone		
Email Address		

Child Resides With: ___ Both Guardians ___ Mother/Partner ___ Father/Partner

Care Required: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Two persons other than parents to call in case of **EMERGENCY**.

Name	Phone	Relationship

Other persons allowed to pick up your child at the daycare: (please provide photos for our file).

Name	Phone	Relationship

Registration Fee

Please include your cheque for \$100.00 when registering for a posted vacancy. Your registration fee is **non-refundable** and will be credited toward your first child care payment.

Parent's Signature

Parent's Signature

Date

Date