

# KIDZO BRIGHT

EDUCATION INC.



## DAYCARE ADMISSION FORM

Registration No:

Registration Date:

### CHILD INFORMATION

Full Name:

Date of Birth:

Gender:

Male

Female

Home Address:

City & Province

Postal Code:

### PARENT/GUARDIAN INFORMATION

#### PRIMARY GUARDIAN:

Full Name:

Relationship to Child:

Father

Mother

Other:

Home Address:

Phone Number:

Occupation:

#### SECONDARY GUARDIAN (IF APPLICABLE):

Full Name:

Relationship to Child:

Father

Mother

Other:

Phone Number:

Occupation:

## MEDICAL & EMERGENCY INFORMATION

Does your child have any allergies?  Yes  No

If yes, please specify:

Does your child have any medical conditions?  Yes  No

If yes, please specify:

Child's Physician:  Phone Number:

### EMERGENCY CONTACT (OTHER THAN GUARDIANS):

Full Name:

Relationship to Child:  Phone Number:

## FEEDING & NAP PREFERENCES

Food Restrictions:

Does your child nap during the day?  Yes  No

If yes, please specify:  Comfort items:

## CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Photo Release:  I give permission for my child to be photographed for internal use and/or social media.  I do not give permission.

Field Trips (short walking trips, neighborhood walks):  Yes  No

.....  
Parent/Guardian

.....  
Daycare Official

Address: 350 Quigley Rd, Unit 130-132, Hamilton, ON L8K 5N2.

Phone: 905-573-7786.

Email: admin@kidzobright.ca