



Enrollment Form

Child's Information

Expected start date: _____
Name: _____ Date of birth (dd/mm/yy): _____
Home Address: _____ Postal code: _____

Parent's Information

Parent name: _____ Address: _____
Postal code: _____ Home number: _____ Cell number: _____
Work Address: _____ Postal code: _____
Business number: _____ Email address: _____

Parent name: _____ Address: _____
Postal code: _____ Home number: _____ Cell number: _____
Work Address: _____ Postal code: _____
Business number: _____ Email address: _____

Emergency Contact

Name: _____ Relationship: _____
Address: _____ Postal code: _____
Home phone: _____ Bus. phone: _____ Cell phone: _____

Name: _____ Relationship: _____
Address: _____ Postal code: _____
Home phone: _____ Bus. phone: _____ Cell phone: _____

Parent's signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____