

The Learning Safari Preschool
Registration Form

Child's Name: _____
Surname First Name

School Year: _____

Date of Birth: _____

Home Address: _____

City _____ Province _____ Postal Code _____

Home Phone Number: _____ Home E-mail: _____

Mother's Name: _____ Occupation: _____

Home Address: _____

City _____ Province _____ Postal Code _____

Cell Number: _____ Work Phone: _____

Father's Name: _____ Occupation: _____

Home Address: _____

City _____ Province _____ Postal Code _____

Cell Number: _____ Work Phone: _____

Have other siblings previously attended this playschool: Yes _____ No _____
If so, please indicate their name and year attended:

Emergency Contact Name and Phone number & Address (other than parents):

Alberta Health Care Number: _____

Siblings (Names and Ages): _____

Is the Child Toilet-trained? YES _____ NO _____

Persons NOT PERMITTED to pick up Child(ren): _____

Parent Signature: _____