

**HARSTONE CHILDREN'S CENTRE
REGISTRATION RE-APPLICATION
2024 – 2025**

CHILD'S NAME: _____

NAME OF CENTRE: _____

NAMES AND ADDRESSES OF PARENTS AND/OR GUARDIANS

Parent/Guardian's Name _____
First Name Last Name

Relationship to Child _____ Primary Care Giver Yes No

Address _____
Street City Postal Code

Home Phone _____ Work Phone _____

Cell Number _____ Email _____

Occupation _____ Employer's/School's Name _____

Employer/School Address _____
Street City Postal Code

Parent/Guardian's Name _____
First Name Last Name

Relationship to Child _____ Primary Care Giver Yes No

Address _____
Street City Postal Code

Home Phone _____ Work Phone _____

Cell Number _____ Email _____

Occupation _____ Employer's/School's Name _____

Employer/School Address _____
Street City Postal Code

MEDICAL INFORMATION:

Family Physician _____ Phone Number _____

Clinic Name & Address _____

PLEASE LIST ANY KNOWN ALLERGIES:

PLEASE LIST ANY MEDICATIONS THAT YOUR CHILD IS ON NOW

PLEASE LIST ANY OTHER PERTINENT MEDICAL INFORMATION (ie social, emotional, cognitive, physical or developmental) THAT YOU FEEL WE SHOULD KNOW ABOUT:

EMERGENCY PERSON: * MUST BE FILLED OUT!!! (relative, friend, etc.) In the event we are unable to reach you in an emergency situation:**

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

WORK/SCHOOL ADDRESS: _____

HOME PHONE #: _____ CELL #: _____

WORK # _____ SCHOOL# _____

PICK UP PEOPLE: People who are authorized to pick up your child/children from the Centre. Parents must notify staff when anyone other than themselves is picking up. ID is required before any child can leave the Centre without a parent / guardian.

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

CELL # _____ EMERGENCY CONTACT (Y) (N)

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

CELL # _____ EMERGENCY CONTACT (Y) (N)

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

CELL # _____ EMERGENCY CONTACT (Y) (N)

NAME: _____ RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

HOME PHONE #: _____ WORK #: _____

CELL # _____ EMERGENCY CONTACT (Y) (N)

SKILL SETS

What skills, hobbies or interests do you or your partner have that may be of value to the centre?
(carpentry, sewing, etc)

SCHOOL ATTENDING IN THE FALL OF 2024 _____

GRADE _____ KINDERGARTEN ____AM ____PM NURSERY ____AM ____PM

IS A TRANSFER TO 905 SARGENT LOCATION REQUESTED? YES NO
(SERVICES SARGENT PARK, SACRE COEUR & ISAAC BROCK)

IS A TRANSFER TO PRINCIPAL SPARLING REQUESTED? YES NO

IS A TRANSFER TO CLIFTON SCHOOL REQUESTED? YES NO

FOR THOSE CHILDREN WHO ARE TURNING 4, WE TYPICALLY FACILITATE TRANSFERS TO OUR SCHOOL AGE CENTRES BETWEEN THE AGES OF 4 AND 4.5.