

Personal Information (Please use computer to complete fillable form)

Child's **Last** Name: _____

Child's **First** Name: _____

Sex: Male Female

Date of Birth (dd/mm/yy): _____

OHIP Card # (Optional): _____

Home Address/Postal Code: _____

Home Telephone Number (if applicable): _____

Parent's Full Name: _____

Home Address/Postal Code: _____

Occupation: _____

Place of Employment: _____

Work Telephone Number: _____

Cell phone number: _____

Preferred email Address: _____

Parent's Full Name: _____

Home Address/Postal Code: _____

Occupation: _____

Place of Employment: _____

Work Telephone Number: _____

Cell phone number: _____

Preferred e-mail Address: _____

What language(s) is/are spoken at home? _____

Does your child have any allergies and/or require an epipen? Please elaborate and indicate symptoms and treatment required:

Do you have any concerns about your child's development at this time (i.e., language, motor skills, cognitive, social)? Please elaborate:

Does your child have any medical needs or require regular medication (if medication is required a Medication Administration Form will be supplied.)

Please list any significant information that we should be aware of such as recent changes, fears, other special instructions, etc.

Name to whom Income Tax Receipt should be issued?

Do you have any special skills or talents you wish to share with us?

How did you find out about our program?

- Word of mouth
- Website
- Facebook
- Centralized Wait List
- Other _____

Please note, you will have an opportunity to tell us more about your child and your family through the All About Me function of Storypark. Thank you.

