



SAMPLE REGISTRATION FORM

Child's Name:

Name Used:

Date of Birth: Gender Male Female

Languages spoken:

Parent Name: Phone Number:

Address:

Child's medical information (allergy, food restriction, other):

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I am the parent of this child. I know that care is only provided while I am participating in an approved program and that I must remain on site. I have provided all the information necessary to care for my child and know that care will not be provided if my child has a communicable illness. I agree to follow the rules of the CNC program.

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Signature of the eligible parent

Date

For ISO use only:

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Date information provided

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Date information updated

DECEMBER 2012

