



REGISTRATION FORM Emergency Health Information

Child Information

Child First Name _____ Child Last Name _____

Date of Birth _____ Child's Alberta Health #: _____

Doctor's Name/Clinic: _____ Phone Number: _____

Address: _____

Immunization Up to date? _____

Allergies ? _____

Parent/Guardian Information

PARENT #1

PARENT #2

Full Name _____

Address _____

Emergency Phone _____

Cell Phone _____

Emergency Contacts (Living in Edmonton, Other than Parents)

Contact 1 _____ Relationship _____

Address _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____

Contact 2 _____ Relationship _____

Address _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone _____



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Consent for Emergency Care :

I _____ authorize the staff of La Petite Academy Childcare Centre to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Parent/Guardian

Signature: _____ Date: _____