



Westdale Co-op Preschool Inc.
 99 North Oval
 Box 89074 Westdale Post Office
 Hamilton, Ontario L8S 4R5
 905-381-2667



REGISTRATION FORM

Program: 4 Morning (Mon-Thurs) 3 Mornings (Mon, Tues, Wed) 2 Morning (Mon/Wed) 2 Morning (Tues/Thurs)

CHILD'S NAME _____ SEX _____ BIRTHDATE _____
 ADDRESS _____ POSTAL CODE _____
 MOTHER'S NAME _____ PHONE (HOME) _____ (WORK) _____
 FATHER'S NAME _____ PHONE (HOME) _____ (WORK) _____
 E-MAIL ADDRESS _____

In the event of **EMERGENCY** if neither parent can be contacted, please call:

NAME _____ RELATIONSHIP _____
 ADDRESS _____ PHONE (HOME) _____ (WORK) _____

Authorized person(s) who may pick up Child:

NAME _____ NAME _____

CHILD'S HEALTH CARD NUMBER _____
 FAMILY PHYSICIAN _____
 ADDRESS _____ PHONE _____

Previous Illnesses or injuries that might preclude normal preschool activities: _____

Special medical conditions or known allergies: _____

Medications administered regularly: _____
 Special diet: _____
 Other recommendations/precautions: _____

PLEASE RETURN THIS FORM WITH THE REGISTRATION FEE OF \$30.00

The child's name will be placed on the enrollment list when this form and the fee have been received.
 The registration fee is non-refundable if there is a place available in the school. If no place is available at the time of registration, only this form is required.

DATE OF PROSPECTIVE ENROLLMENT _____

Parent signature _____

Date _____

Start Date: _____ Date Received: _____ Withdrawal Date: _____