

Tiki's Day Care Centre Inc.

Registration Form:

In order for us to understand and most effectively meet your child's needs, we would appreciate your cooperation in completing the following information.

Name of Child _____

Age _____ Date of Birth _____

Address: _____

Language Spoken at Home _____

Mother's Name _____ Home Telephone: _____

Mother's Address: _____

City/Province _____ Postal Code _____

Mother's Place of Employment/School _____

Employment/School Address _____

City/Prov. _____

Business/School Phone _____

Pager/Cell Phone _____

Father's Name _____ Home Telephone _____

Father's Address _____

City/Province _____ Postal Code _____

Father's Place of Employment/School _____

Employment/School Address _____

City/Prov. _____

Business/School Phone _____ Pager/Cell Phone _____

Family Doctor _____ Phone # _____

Address: _____ Postal Code _____

Ontario Health Card # _____