



GINGERBREAD NURSERY SCHOOL REGISTRATION FORM 1

Registration fee of \$25 is non-refundable.

This box is for office use only:

Child's Start Date: _____

Child's Date Of Birth: _____

Child's First Name: _____

Child's Middle Name: _____

Child's Last Name: _____

Child's Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____

Family Email Address: _____

Please indicate any known Medical Conditions, Allergies, Medication and Food or Exercise Restrictions:

Please check if you agree/disagree to have your child's photograph taken for documentation and display

boards in our room only. Nothing will be posted on Social Media.

YES NO

Mother/Guardian		Father/Guardian	
First Name:		First Name:	
Last Name:		Last Name:	
Address: Street, Number		Address: Street, Number	
town/city, province		town/city, province	
postal code		postal code	
Home Phone Number		Home Phone Number	
Cell Phone Number		Cell Phone Number	

Employment Information		Employment Information	
Employer:		Employer:	
Address: Street, Number		Address: Street, Number	
town/city, province		town/city, province	
postal code		postal code	
Work Phone Number:		Work Phone Number:	



GINGERBREAD NURSERY SCHOOL

ON-LINE REGISTRATION FORM 2
Registration fee of \$25 is non-refundable.

EMERGENCY CONTACT INFORMATION

In the event of an emergency or accident involving your child, every effort will be made to contact you. Only after this has been exhausted, will your emergency contact person be called.

The Emergency Contact Person must be:

- Someone other than the child's parents/guardians (Aunt, Uncle, Grandparent, Neighbour etc.)
- Someone 18 years or older
- Local and able to come to the Nursery School to pick up your child between 9:00am-11:30am.

Emergency Contact's First Name: _____

Emergency Contact's Last Name: _____

Emergency Contact's Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Relationship to the child: _____

Who is the primary contact in case of Emergency?

Name: _____ Phone Number: _____

Relationship to the child: _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Child's Discharge Date: _____
Day/Month/Year

Supervisor's Signature: _____ Date: _____



GINGERBREAD NURSERY SCHOOL EMERGENCY INFORMATION FORM page 1 of 2

This form is a legal requirement under the Child Care and Early Years Act (CCEYA). Gingerbread Nursery School must ensure the following information is up to date and readily accessible in the event of an emergency for every child enrolled in our program. The forms will be taken with the staff when off the premises (Fire Drill or Field Trip) and will be accessible to staff only in the classroom.

These records must also be available for inspection by an inspector or program adviser at all times.

Please make sure you completely fill out the forms. Names must be filled out as they are on the child's birth certificate.

Child's Information

Child's First Name: _____

Child's Middle Name: _____

Child's Last Name: _____

Child's Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Date of Birth: _____

(MONTH, DAY, YEAR)

Mother/Guardian's Information

First Name: _____ Last Name: _____

Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____

Employer Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Work Phone Number: _____

Father/Guardian's Information

First Name: _____ Last Name: _____

Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____

Employer Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Work Phone Number: _____

Who is the primary contact in case of Emergency?

Name: _____ Phone Number: _____

Relationship to the child: _____



GINGERBREAD NURSERY SCHOOL
EMERGENCY INFORMATION FORM page 2 of 2

Emergency Contact Information (Who we can contact in an emergency when we cannot reach you).

First Name: _____ Last Name: _____
Address: _____
Town/City: _____ Province: _____ Postal Code: _____
Home Phone Number: _____ Cell Phone: _____
Employer: _____
Employer Address: _____
Town/City: _____ Province: _____ Postal Code: _____
Work Phone Number: _____
Relationship to the child: _____

Authorized Pick Up #1 (The names of persons [other than the parents/guardians] to whom the child may be released).

First Name: _____ Last Name: _____
Address: _____
Town/City: _____ Province: _____ Postal Code: _____
Home Phone Number: _____ Cell Phone: _____
Employer: _____
Employer Address: _____
Town/City: _____ Province: _____ Postal Code: _____
Work Phone Number: _____
Relationship to the child: _____

Authorized Pick Up #2

First Name: _____ Last Name: _____
Address: _____
Town/City: _____ Province: _____ Postal Code: _____
Home Phone Number: _____ Cell Phone: _____
Employer: _____
Employer Address: _____
Town/City: _____ Province: _____ Postal Code: _____
Work Phone Number: _____
Relationship to the child: _____

Family Doctor's Information

Family Doctor's Name: _____ Doctor's Phone Number: _____
Doctor's Address: _____
Town/City: _____ Province: _____ Postal Code: _____

Please indicate any known Medical Conditions, Allergies, Medication and Food or Exercise Restrictions: _____

Please check if you agree/disagree to have your child's photograph taken for documentation and display boards in our room only. Nothing will be posted on Social Media. YES NO