

Registration Form *Rowan Tree Preschool*

Child's Name: _____	Date of Birth: _____
Parent's Names: _____	
E-mail: _____	Home Ph. #: _____
Home Address: _____	
Cell Phone: _____	Work Ph. #: _____
Work Address: _____	
Parent Home address if different from child's address: _____	
Emergency Contact: _____	Phone: _____
Address of Emergency Contact: _____	

Medical Information: **Child's Doctor:** _____ **Phone:** _____
Doctor's Address _____

List Any Allergies:

Medical History: _____

List any Medications:

Other comments or special needs: _____

Release Information: (Please list the names of all individuals who are authorized by you to pick up your child at end of day in place of yourself)

Do you give permission for photos to be taken of your child and used in classroom photo displays, website and newsletters to parents? Yes___ No ___

Do you give permission for Rowan Tree staff to take your child on walks to city parks? Yes___ No___

Have you read the Parent Handbook? Yes___ No___

Do you agree to abide by Rowan Tree's Policies and Procedures? Yes ___ No ___

Incase of emergency, can Rowan Tree staff release above information? Yes___ No___

Parent/Guardian's Signature _____ **Date** _____

(Office Use Only) Date of Admission: _____ Date of Discharge: _____

Mailing Address: 6 Inverlea St. Peterborough, Ontario, K9H 5P9

Location of Rowan Tree Preschool: 534 George St. N. Peterborough Ontario Immunization Record:

Yes No