

The Learning Safari Preschool  
Registration Form

Child's Name: \_\_\_\_\_  
Surname First Name

School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have other siblings previously attended this playschool: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate their name and year attended:

\_\_\_\_\_

Emergency Contact Name and Phone number & Address (other than parents):

\_\_\_\_\_

\_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Siblings (Names and Ages): \_\_\_\_\_

Is the Child Toilet-trained? YES \_\_\_\_\_ NO \_\_\_\_\_

Persons NOT PERMITTED to pick up Child(ren): \_\_\_\_\_

Parent Signature: \_\_\_\_\_