

Client Registration



Date of Registration: _____

Child's Name: _____
Surname Given Name(s) Name to be used

Address: _____
Street City Postal Code

Date Of Birth: _____ Sex: _____
Day / Month / Year

Parents Or Guardians:

Name and Relationship:

Name and Relationship:

Home Address:

Home Address:

Home Telephone:

Home Telephone:

Name Of Business:

Name Of Business:

Business Telephone:

Business Telephone:

Business Address

Business Address:

Business E-Mail:

Business E-Mail:

Full-Time Care Program

Start date requested? _____

Do you require childcare government subsidy? _____

Does your child require special needs care? _____

Does your child have any known allergies? _____

Application Fee:

A non-refundable \$50.00 administration fee is required to accompany this registration form. Please make cheque payable to DOWNTOWN KIDS ACADEMY INC. The registration form will not be fully processed until reception of the administration fee.