

Family Information Form – Please print legibly - to be filled out by parent or legal guardian

1st Parent/legal guardian's name: _____

Address: _____ City _____ Postal Code _____

Phone: _____ Cell: _____ Email: _____

2nd Parent/legal guardian's name: _____

Address: _____ City _____ Postal Code _____

Phone: _____ Cell: _____ Email: _____

Caregiver (or other person who may bring in your child (ren)): _____

Address: _____ City _____ Postal Code _____

Phone: _____ Cell: _____ Email: _____

Emergency contact: (in the event you, the adult, become ill)

Name: _____

Address: _____ City _____ Postal Code _____

Phone (home): _____ Cell: _____ Phone (work): _____

Name of your children attending program (First and Last names)	Male/Female	Birth date (month/day/year)

Is there any medical, religious or additional information that we should be aware of (Allergies, asthma, food restrictions, behavioural or medical conditions)? Please include child's name.

What is your native language? _____ Can you translate other languages? _____

Waiver

I, as parent or guardian of the above named, do hereby release from all liability, the Cambridge Family Early Years Centre, including staff and volunteers, for any injuries, illnesses or other mishap that may be incurred by the child(ren) or myself at the Centre. In the event the child should become injured or ill, I authorize any medical treatment that may be required and will assume full financial responsibility for said treatment.

Signature of parent or legal guardian _____ Date: _____

We are committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure a safe environment while you are here, for statistical purposes, to inform you about our programs and services and to satisfy government and regulatory obligations.

Office use only

This information is for data collection only. It does not register you for programs.

Registration Site _____

Date entered _____

Initials _____