

One Step Learning Opportunities Centre (OSL)

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|--|-----------------------|----------------------------|-------------------------|
| Daycare Registration/Enrollment Form | | Date child accepted at OSL | Date child left care |
| Child's name Lastname | | First name | Middle name(s) |
| | | | Birthdate yyyy/mm/dd |
| Child's Home address: | | | |
| City | | Digital GPS: | |
| Child's parent/guardian name | home phone # () - | cell phone# () - | Work phone # () - |
| Street address | | City | Digital GPS: |
| Work Place /School | | City | Digital GPS: |
| Child's parent/guardian name | home phone # () - | cell phone# () - | Work Phone # () - |
| Street address | | City | Digital GPS: |
| Work Place /School | | City | Digital GPS: |
| Care Required Days: | | | |
| Hours: | | | |
| Other than you, who else has permission to pick up your child? | | | |
| Name | Address | Telephone number | |
| Name: | | Home: | |
| Relationship: | | Cell: | |
| | | Alternative: | |
| Name: | | Home: | |
| Relationship: | | Cell: | |
| | | Alternative: | |
| In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them. | | | |
| Parent/Guardian signature: _____ | | | |
| Name | Address | Telephone number | |
| Name: | | Home: () - | |
| Relationship: | | Cell: () - | |
| | | Alternative: () - | |

