



*A place for your child to grow and for you, peace of mind*

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 Stoney Creek, Ontario  
 L8J 1P5

**PERSONAL INFORMATION**

\_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_  
 MM // DD // YY \_\_\_\_\_ Health Card \_\_\_\_\_ Allergies/Concerns \_\_\_\_\_  
 D.O.B  
 \_\_\_\_\_ Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

**FAMILY INFORMATION**

**Mother/Guardian**

\_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Company Name \_\_\_\_\_ Company Address \_\_\_\_\_  
 \_\_\_\_\_ Work Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Father/Guardian**

\_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Company Name \_\_\_\_\_ Company Address \_\_\_\_\_  
 \_\_\_\_\_ Work Number \_\_\_\_\_ Email Address \_\_\_\_\_

Are there any other children in the home? If so, ages: \_\_\_\_\_

**EMERGENCY INFORMATION**

\_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_

Start Date: \_\_\_\_\_

**Mon**  **Tues**  **Wed**  **Thurs**  **Fri**   
 Days in attendance, please check all that apply

