

**YMCA OF REGINA
PLAYSCHOOL REGISTRATION AND INFORMATION FORM**

Member Non Member

Child Information:

_____ M F ____/____/____
(Surname) (First) dd mm yy age

_____ (Street Address) _____ (City) _____ (Postal Code) _____ (Telephone)

Sibling(s) Names:

Birthdate:

Doctor: _____ (Telephone) _____ (Address)

Hospitalization Number: _____

Program Information:

Please indicate the class you are registering your child for.

Age: 2

Tuesdays 9:15-11:15 am

Age: 3

Thursdays 9:15-11:15 am

Age: 4&5

Mondays & Wednesdays 9:15-11:15 am

(OVER)



YMCA

We build strong kids, strong families, strong communities.

The following information is confidential. Only staff will view this information.

Does your child have any physical/medical conditions that may interfere with Playschool? Yes No

Please comment: _____

Is your child toilet trained? Yes No

Does your child have any of the following (to the best of your knowledge)?

Asthma Anaphylactic Allergic Reactions (bee stings, nuts) _____

Skin Infections Diabetes Antibiotic Reactions _____

Allergies (Please specify type and treatment) _____

Does your child get along with others? Yes No Comments: _____

Does your child have any emotional problems/fears that you feel we should be aware of? Yes No

Comments: _____

Is there any information that you feel would be of benefit to us in making this Playschool a pleasurable one?

Parent/Guardian:		
_____	_____	_____
Parent/Guardian Name	Employer	Day/Evening Telephone
_____	_____	_____
Parent/Guardian Name	Employer	Day/Evening Telephone
_____	_____	_____
Emergency Contact	Relationship	Day/Evening Telephone

Parent/Guardian Signature: _____ Date: _____