



ALBERTA ROSE
Day Care & OSC



Address

3103 67 A Street NW
Edmonton, AB T6K 1S6



Telephone

1 (587) 404-5856

Registration Form

Sections to Include:

1. Child Information

- Full Name _____ Date of Birth: _____
- Gender _____ Home Address _____
- Alberta Health Care Number: _____

2. Parent/Guardian Information

- Full Name(s): _____ Phone Number(s): _____
- Email Address: _____ Employer Name & Contact : _____

3. Emergency Contact

- Name: _____ Relationship: _____
- Phone Number: _____ Alternate Contact (optional): _____

4. Authorized Pick-up Persons

- Names & Phone Numbers: _____

5. Medical Information

- Allergies: _____ Medications: _____ Special Needs: _____
- Physician Name & Phone: _____ Immunization Record (Yes/No)

6. Consent & Authorization

- Emergency Medical Consent: _____ Photo/Video Consent: _____
- Transportation Consent (for OSC): _____

7. Days & Times Required

- Full-time / Part-time: _____ Days of Week (checkbox): _____

8. Parent Agreement Signature

- Parent/Guardian Signature: _____ Date: _____