DEVON CHRISTIAN SCHOOL

205 MIQUELON AVE

DEVON AB T9G OL8

“DATE NIGHT” CHILD CARE

FEBRUARY 16TH FROM 5:00 P.M. TO 9:00 P.M.

**Parent/Guardian Information** Registration Date:

**Mother/Guardian**  First Name: Last Name:

Address:

Home Phone: ( ) Cell Phone: ( )

**Father/Guardian**  First Name: Last Name:

Address:

Home Phone: ( ) Cell Phone: ( )

**Child Information**

**1st Child**  First Name: . Last Name:

Grade/Class:

Child’s Address:

Gender: [ ] Male [ ] Female Date of Birth: Child’s AHC #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies/Food Allergies:

**Child Information - Continued**

**2nd Child**  First Name: Last Name:

Grade/Class:

Child’s Address:

Gender: [ ] Male [ ] Female Date of Birth: Child’s AHC #:

List any existing medical conditions, medication and/or special attention your child may require?

Allergies/Food Allergies:

**3rd Child**  First Name: Last Name:

Grade/Class:

Child’s Address:

Gender: [ ] Male [ ] Female Date of Birth: Child’s AHC #:

List any existing medical conditions, medication and/or special attention your child may require?

Allergies/Food Allergies:

**4th Child**  First Name: Last Name:

Grade/Class:

Child’s Address:

Gender: [ ] Male [ ] Female Date of Birth: Child’s AHC #:

List any existing medical conditions, medication and/or special attention your child may require?

Allergies/Food Allergies:

**Emergency Contacts & Authorized Pickup Persons:**

**1st Contact/Pick Up**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family   
[ ] Not able to pick up the following children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Contact/Pick Up**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family   
[ ] Not able to pick up the following children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information:**

Amount: $

**Additional Comments & Information:**

Is there is any other information that that would be helpful ?

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**Signature:**

Parent’s Signature: Date:

**Thank You!**