



Reg #: _____

Start Date: ____/____/____
M D Y

Bright Minds Academy & OSC
Tamarack Location
(780) 394 4686
brightmindsosc@gmail.com

OSC REGISTRATION FORM

Student Information

First Name: _____	Last Name: _____	
Birthdate: ____/____/____ M D Y	Gender: Male/Female (Please circle)	
Address: _____		
City: _____	Prov: _____	Postal Code: _____
Grade: _____	Teacher: _____	

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City: _____ Prov: _____ Postal Code: _____	City: _____ Prov: _____ Postal Code: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____
Name of Employer: _____	Name of Employer: _____
Work Address: _____	Work Address: _____
City: _____ Prov: _____ Postal Code: _____	City: _____ Prov: _____ Postal Code: _____
Work Phone #: _____	Work Phone #: _____

Emergency Contact Information

Emergency Contact # 1	Emergency Contact # 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City: _____ Prov: _____ Postal Code: _____	City: _____ Prov: _____ Postal Code: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____

Health/Medical Information

Alberta Health Care#: _____

Physician: _____ Phone #: _____

Known Allergies/Food restrictions: _____

Other Health or Medical Conditions: _____

Are your child's immunizations up to date? Yes/No (Please circle).
Please attach a copy of immunization records.

Is your child on any medications? Yes/No (Please circle).
If so, please include a list of all medications.

Any other information you would like us to know about your child:

Authorization for Pick-up

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person(s) who you authorize to pick up your child on your behalf.

1. First Name: _____ Last Name: _____

Relation to Child: _____ Phone Number: _____

2. First Name: _____ Last Name: _____

Relation to Child: _____ Phone Number: _____

3. First Name: _____ Last Name: _____

Relation to Child: _____ Phone Number: _____

- **Children will NOT be released to anyone who has not been authorized by the parent.**
- **Anyone picking up a child must have authorization and government issued picture identification.**
- **Tamarack Daycare & OSC reserves the right to refuse access to ANYONE who does not appear to be in a responsible condition.**

Child Care Information

Has your child been in childcare before?

Day home, Daycare or in the care of the family?

If previous Daycare, name of the center:

Additional Information

What are your child's favourite foods? _____

What foods are refused? _____

Please list again any foods not permitted due to allergies/personal reasons.

Please describe your child's personality, i.e. likes and dislikes.

Please describe any relevant events pertaining to your child's development that you would like the staff to know?

What can we do to help support your child and your family?

Any other information you would like us to know about your child:

Please indicate hours your child will be attending the program.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					
Total Hours					

Family Heritage

Where was your child born? _____

Where was the child's mother born? _____

Where was the child's father born? _____

What is the family's cultural heritage? _____

Please list all languages other than English that your child speaks.

Are there any faith-based food or activity restrictions? If so, please explain.

Are there any faith-based holidays/celebrations that you would like to see represented in our programming?

Is there anything you feel we should know regarding your family situation or personal beliefs?

Signature by all Parents/Guardians

Parent/Guardian # 1

Parent/Guardian # 2

**Please attach a non-refundable registration fee of \$75. This can be sent via e-transfer to
brightmindsosc@gmail.com**