



# BUMBLE BEE NURSERY

## REGISTRATION FORM

### CHILD INFORMATION:

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Sex : \_\_\_\_\_  
Primary language: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_  
Allergies/Special Diets: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Home telephone#: \_\_\_\_\_ Home Telephone#: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
Work Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### ADDITIONAL INFORMATION:

Child's Physician/Clinic: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_  
Special Limitations or Concerns: \_\_\_\_\_

FOR SHOOOL USE ONLY: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Age at Admission: \_\_\_\_\_ End Date: \_\_\_\_\_  
Payment Rate: Cash: \_\_\_\_\_ Monthly: \_\_\_\_\_ Termly: \_\_\_\_\_

