

KIDSPLACE NURSERY SCHOOL CO-OP INC.

245 Sutton Ave.
Winnipeg, Manitoba
R2G 0T1
Phone: 661-1325

This information is required for our registration forms as per Child Daycare Office policies and regulations.

Child's full name: _____

Manitoba Health # _____ Child's Personal I.D# _____
(6 digit) (9 digit)

Please make a list of **ALL** individuals who might **POSSIBLY** be picking up your child in the event that the custodial parents/guardians are unable to pick him/her up.

<u>Person's Name</u>	<u>Relationship to Child</u>	<u>Phone #s</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Please list your name and the **full name, address and phone number** of your place of employment:

Mother/Guardian:

Father/Guardian:

Work Address:

Work Address:

Ph: _____

Ph: _____

Cell: _____

Cell: _____

Parent/Guardian signature: _____ Date: _____