

# Kidz Aalam

## Toronto Shariah Program's On-Site Childcare Service

### Registration Form

Child's Last Name: \_\_\_\_\_  
Child's First Name: \_\_\_\_\_  
Nickname (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

#### Parent(s)/Guardian(s) On-Site

- 1) Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_
  
- 2) Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

#### Emergency Information (Off-site Contact Information)

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Medical Information

Child's Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Medical Problems: \_\_\_\_\_

Special Instructions in caring for your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Additional Information

Please indicate likes/dislikes, potty training, special interests etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_