



AS Yearly Family Information
Cornwall [ ] Stratford [ ]

\$100.00 Supply fee per child
Infant \_\_\_\_\_
Toddler \_\_\_\_\_
Children's House \_\_\_\_\_

Date: \_\_\_\_\_

Note: Please complete and return asap to your centre - one form per family household each September or at enrolment.

Please talk to staff regarding Homework expectations for your child. Done at IMA Yes No

Very Important - Please keep us informed to any changes in the following information. If you have any questions regarding this form, contact the director at your centre.

Please Print - (youngest to eldest)

Child #1 Surname Full given names Birth Date Day /Month /Year

Child #2 Surname Full given names Birth Date Day /Month /Year

Child #3 Surname Full given names Birth Date Day /Month /Year

Parent 1 Work Place Business cell Parent 2 Work Place Business cell

Email: (please print clearly)
Home Phone
Family Address
Mail Address

Tax receipt recipient (if not specified the receipt will be made out to both parents)

Is there a Parenting Plan? [ ] No [ ] Yes (If "yes" please provide a copy for your child's file)

Other People Authorized to Pickup (please print for easy recognition, photo ID may be requested)
Name Name Name

Emergency (if unable to reach parents and in order of preference for calling)
1-Name home business cell
2-Name home business cell

Additional Information:
(ie: allergies, medical conditions, etc.) Please use reverse of page if more space is required.

I give permission for my child's image to be used on internal boards / TV video files [ ]
I give permission for my home phone number and child's name to used on a class friends list [ ]
I give permission for my child's image (pictures taken by IMA) to be used for advertising purposes and/or placed on our website [ ]