



EYC Yearly Family Information

Cornwall ____ Stratford ____

Date completed: _____

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

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:

Name: _____

Birthdate (dd/mm/yyyy): _____

Drop off time: _____ am

Pick up time: _____ pm

Child #2:

Name: _____

Birthdate (dd/mm/yyyy): _____

Drop off time: _____ am

Pick up time: _____ pm

Parent 1: _____

Work Place: _____

Business phone: _____

Cell phone: _____

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 Pick Up (please print for easy recognition, photo ID may be requested)

Name: _____ Name: _____ Name: _____

Emergency Contact: (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 the reverse of the page if more space is required.