



**Chapel Place Daycare Centre  
Temporary Registration Form**

Childcare required during the following dates: \_\_\_\_\_

**Child's Information:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home #: \_\_\_\_\_

**Family Information:**

***Parent #1 (Primary Contact):***

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work #: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Work Postal: \_\_\_\_\_ Work Email: \_\_\_\_\_

If Parent #1 has a different home residence, from child ,please fill out his/her full mailing address below:

\_\_\_\_\_  
Address ,City/Town ,Postal Code

***Parent #2 (Secondary Contact):***

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work #: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Work Postal: \_\_\_\_\_ Work Email: \_\_\_\_\_

If Parent #2 has a different home residence, from child, please fill out his/her full mailing address below:

\_\_\_\_\_  
Address, City/Town,Postal Code

**Custody/Visitation Arrangements (if applicable) Are there any court orders pertaining to this child which prohibits specific individuals from picking up your child? \_\_\_Yes \_\_\_No (Please check one) If yes, please provide a copy of the order for your child's file as it is required in order for the staff to restrict a parent from picking up a child.**

