



## Pre-registration Information Form

Please print and fax to (905) 604-2085 or download and e-mail to [registration@allsmileschildcare.com](mailto:registration@allsmileschildcare.com)

<b>Child's Information</b>		<b>Child's Information</b>	
First Name:		First Name:	
Last Name:		Last Name:	
Gender: <input type="radio"/> Male <input type="radio"/> Female		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Child's Birth Date:		Child's Birth Date:	
Address:		Address:	
City, Province:		City, Province:	
Postal Code:		Postal Code:	
Home Phone Number:		Home Phone Number:	
<b>Parent / Guardian Information</b>			
Mother's Full Name:			
Home Phone Number:			
Cell or Business Phone Number:			
Home or Business Email Address:			
Father's Full Name:			
Home Phone Number:			
Cell or Business Phone Number:			
Home or Business Email Address:			
<b>Other Information</b>			
Desired Enrollment Date:		Desired Enrollment Date:	
Program of Interest : <input type="radio"/> Infant <input type="radio"/> Toddler		Program of Interest : <input type="radio"/> Infant <input type="radio"/> Toddler	
<input type="radio"/> Junior Preschool <input type="radio"/> Senior Preschool		<input type="radio"/> Junior Preschool <input type="radio"/> Senior Preschool	
<input type="radio"/> Junior Kindergarten <input type="radio"/> Senior Kindergarten		<input type="radio"/> Junior Kindergarten <input type="radio"/> Senior Kindergarten	
Days of Interest (Mon – Fri):		Days of Interest (Mon – Fri):	
Other Important Information:		Other Important Information:	
How did you hear about us?		<input type="radio"/> All Smiles Childcare location sign <input type="radio"/> Through Schools <input type="radio"/> Markham Economist & Sun <input type="radio"/> Blue All Smiles Childcare Flyer <input type="radio"/> Web Search (i.e. google, yahoo) <input type="radio"/> Cornell Village.ca <input type="radio"/> Word of Mouth <input type="radio"/> Other (please specify) _____	