



Affix a recent passport
photograph

ONLINE FORM

REGISTRATION FORM

Child's Name: _____
(Last Name/Surname) (First Name) (Initial)

Date of Birth: _____ Sex: _____

Father's Name: _____

Mother's Name: _____

Father's Profession: _____

Office Address: _____

Mothers' Profession: _____

Office Address: _____

Contact Telephone: (Father) _____ (Mother) _____

Primary Email Address (*For access to our portal*): _____

Alternate Email (*For receiving copies of emails*): _____

Home Address _____

Last School Attended: _____

Last Class Attended: _____

State of Origin: _____

Religion: _____

Date of Enrollment: _____

Child's Physician: _____

Any allergies or Special Needs: _____

Hospital Preferences: _____

Main Emergency contact other than parents: _____

Name: _____ Address: _____ Phone: _____

Does your child have any Special fears or problems? _____

Child's Favourite game: _____ Favourite toys: _____

Please circle the class for which the student is seeking admission to **PACE SETTERS' ACADEMY**

Age 2 Age 3 Age 4 Age 4/5 Age 5/6
Play Group Pre-School 1 Kindergarten Grade 1 Grade 2

Age 6/7 Age 7/8 Age 8/9 Age 9/10
Grade 3 Grade 4 Grade 5 Grade 6

Is this child for 'Before and After School Care'? Circle (Yes) or (No)

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

Complete all items on the form and date where indicated.

NOTE: THIS FORM MUST BE UPDATED AS ANY CHANGES OCCUR.

When parents cannot be reached, list at least three persons who may be contacted to pick up the child in an emergency.

1. Name:.....Telephone (H)(W).....
Surname First

Address:

2. Name:.....Telephone(H).....(W).....
Surname First

Address:.....

Preferred Child's Physician or source of Health Care:.....Telephone.....

Address:.....

How did you know about Pacesetters? (Tick where appropriate)

(i) Media Parents Staff Friends Others.....

In **EMERGENCIES** requires immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the childcare facility to have your child transported to the hospital.

.....
Signature of Parent/Guardian

.....
Date

Please bring the following items along when returning this form. Copy of immunization record, Copy of Birth certificate, Copy of past report card and original, two passport size photograph and copy of international passport.