



**Kids Time Family Fun Centre (KT)
Drop-Off Registration
905-820-2525**

INSTRUCTIONS : 1) OBTAIN FORM FROM KT OR PRINT FROM WEBSITE WWW.KIDSTIME.CA TO YOUR LOCAL PRINTER 2) FILL THIS FORM IN ITS ENTIRETY 3) SCAN AND EMAIL TO FUN@KIDSTIME.CA OR FAX AT 905-820-2529 OR MAIL TO KT OR DROP IN PESON AT THE ADDRESS BELOW.

Child's First Name: _____ Last Name: _____ Preferred Name: _____

Birthdate: _____ Sex: M[] F[]

Health Card Number: _____ Allergies/Illness/Treatment _____

Medications: _____

Address : _____

Home Phone Number : () _____ Email: _____

Child's First Language _____ Language(s) Spoken at Home _____

Parent/Guardian _____ Phone work _____ Home _____

Emergency contacts Driver License : _____

Name	Relationship to Child	Home Phone	Work Phone	Mobile
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Care History

Family : Sibling(s) : ___ Names and Ages _____

Medical Conditions _____

Learning Disabilities _____

Favourite Activities _____

Other matters you feel We should Know _____

Drop Off Time : _____ **Expected Pickup Time:** _____

I have read and agree with the KT Rules

Parent/Guardian Signature: _____ Date: _____ (dd/mm/yy)

Actual Pickup Time _____ **Parent/Guardian Signature** _____

Please note KT will only administer food or drinks provided by the parent/guardian.

KIDSTIME FAMILY FUN CENTRE 15-3075 RIDGEWAY DR MISSISSAUGA ONTARIO L5L 5M6.