



DREAMLAND



Childs Information/Registration Form

INFORMATION MUST BE GIVEN TO DREAMLAND PRIOR TO THE CHILD ENTERING THE PLAY SPACE.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN EMAIL

PARENT/GUARDIAN PHONE NUMBER

PARENT/GUARDIAN ADDRESS

(Does child live at a different address? If so....)

CHILD'S NAME

DATE OF BIRTH Day/Month/Year

ALLERGIES & RELATED HEALTH CONCERNS

(Does the child require any medication? E.g. Epi pen)

EMERGENCY CONTACT NAME

EMERGENCY CONTACT EMAIL

EMERGENCY CONTACT PHONE NUMBER

IS THERE CURRENTLY A CUSTODY AGREEMENT OR COURT ORDER WE NEED TO BE AWARE OF? / ANY PERSONS WHO ARE NOT AUTHORIZED UNDER ANY CIRCUMSTANCE TO PICK UP THE CHILD?

PARENT SIGNATURE:

DATE:

DREAMLAND Children's Play Center
Mayfair Mall Victoria
386-3147 Douglas Street Victoria BC
V8Z 6E3 Canada

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604-807-3863