



Admin rec'd

Application Form

Monday – Friday Child Care 7:30am-5:30pm

Today's Date (M/D/Y) _____ / _____ / _____ Preferred Date of Enrolment (M/D/Y) _____ / _____ / _____

Child's Name (Surname) _____ Given Name _____

Name child responds to _____

Phone Number _____ Cell Number _____

Email address _____

Street Address _____ Postal Code _____

Child's Sex M _____ F _____ Date of Birth (M/D/Y) _____ / _____ / _____

Child's First Language _____ Child's Second Language _____

At what level of English does your child understand to follow directions?
() None () Little () Average for age

PARENTS/GUARDIANS

Name _____

Name _____

Place of Work _____

Place of Work _____

Work Phone _____

Work Phone _____

Hours of Work _____

Hours of Work _____

EMERGENCY INFORMATION

In the event of an emergency or illness it is important that we have an alternate person who will assume responsibility for, or who is authorized to pick up the child in the absence of the parent.

Name _____ Relationship _____ Phone _____

Personal Health Number _____

Medical Doctor's Name _____ Phone _____

I hereby give my consent for a staff member to call a medical practitioner or an ambulance for my child in case of accident or illness, if I cannot be reached immediately.

Relationship to child _____

Signature _____ Date M/D/Y _____

Has your child had experience away from home (for example, Day Care, Nursery, Sunday School)

Where _____ Date of attendance _____

If your child has any known health concerns, please indicate what they are:

SPECIAL COMMENTS OR INSTRUCTIONS FOR OUR STAFF (please tick where appropriate)

Special Medications _____ Allergies _____ Vision or Hearing problems _____

Other Problems _____

Therapeutic Diet (for reasons of Health, Religion, Ethnicity) _____

Special instructions from Parent or Health Care Professional (Attach Documentation)

Indicate any illness or medical disabilities your child has (Give dates:)

Basic Immunization Schedule						
	2 months	4 months	6 months	12 months	18 months	4-6 years
Input Dates						
Immunizations received						
Diphtheria	*	*	*		*	*
Tetanus	*	*	*		*	*
Pertussis	*	*	*		*	*
Hepatitis B	*	*	*			
Poliomyelitis	*	*	*		*	*
Hib	*	*	*		*	
Measles, Mumps, Rubella				*		*
Meningococcal C Conjugate	*			*		
Pneumococcal Conjugate	*	*		*		
Chicken Pox (Varicella)				*		
Rotavirus	*	*				

Please list names of other children living at home.

Names _____ Ages _____

Names _____ Ages _____

Names _____ Ages _____

Which church does your family attend regularly _____

Is there any other information you would like to share to help our educators provide the best experience for your child? _____
