

## APPLICATION FOR ENROLLMENT

**Child's Name:**

\_\_\_\_\_  
Surname First Middle Initial

Date of Birth: \_\_\_\_\_ Days of Care: \_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_  
Name Home Phone: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
Street City Postal Code

Business Address:

\_\_\_\_\_  
Street City Postal Code

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_  
Name Home Phone: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
Street City Postal Code

Business Address:

\_\_\_\_\_  
Street City Postal Code

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Authorized person's who may pick up my child in the case of an emergency:**

Name: \_\_\_\_\_ Home/ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home/ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Telephone: \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

include how the allergy usually manifests itself – hives, skin rash

**Does your child require an Epipen for Anaphylaxis? Yes or No**  
**If yes, please pick up our centre's information folder on Anaphylaxis and return the appropriate forms.**

Previous history of communicable diseases, conditions requiring medical attention?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any special diet, rest or exercise requirements?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other related information that you feel we need to better understand your child?  
Favorite Activities, previous playgroup experiences, siblings...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signatures:** \_\_\_\_\_  
\_\_\_\_\_

**Admission Date:** \_\_\_\_\_  
Month/Day/Year

**Directors Initials:** \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_  
Month/Date/Year

**Directors Initials:** \_\_\_\_\_