

**Application for Day Care**

Application Date: \_\_\_/\_\_\_/\_\_\_  
M D Y

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
M D Y

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Full Address (Mom/Guardian): \_\_\_\_\_

Full Address (Dad/Guardian): \_\_\_\_\_

Employment/School Name & Address \_\_\_\_\_

\_\_\_\_\_

**Phone #'s - Mom/Guardian:** \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_

**Phone #'s - Dad/Guardian:** \_\_\_\_\_

Dad/Guardian Email: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Days required: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

**Who can pick up your child?** \_\_\_\_\_

\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Health Care Card Number: \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_/\_\_\_

**Immunization Record - (required by Dept. Community Services)**

	Date 1 <sup>st</sup>	Date 2 <sup>nd</sup>	Date 3 <sup>rd</sup>	Date 4 <sup>th</sup>	Date 5 <sup>th</sup>
DPTP					
HIB					
MMR					
TDP					
IB					
Other					

Does child have any allergies (i.e. nuts, eggs, milk or medications)? \_\_\_\_\_

\_\_\_\_\_

Describe child's health, are there any medical problems, is s/he on any medications, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What does your child like to eat/drink? Describe eating habits/patterns: \_\_\_\_\_

\_\_\_\_\_

Any diet restrictions/special requirements: \_\_\_\_\_

\_\_\_\_\_

Favorite toys/games/activities: \_\_\_\_\_

\_\_\_\_\_

Describe child's behavior habits and personality (i.e. temperament, energy level, shy, stubborn):

\_\_\_\_\_

\_\_\_\_\_

We would appreciate your views on guiding your child's behavior and setting limits:

\_\_\_\_\_

\_\_\_\_\_

I have received a copy of the Parent Handbook: \_\_\_\_\_

Parent's Signature  
(required by the Dept. of Community Services)

Child's Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Child's Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Reason for child's withdrawal: \_\_\_\_\_

**\*\* Caregiver/Office must keep a copy of the child's application form for two years after child's withdrawal.**