## Papillon & The Little Blue Stars

## Preschool, Child Care and After School Care

128 Coyote Way Canmore, AB 403 - 609 - 3668

## **ENROLMENT FORM**

Child's Name		
(For more t	han one child, please use	separate form)
Child's Birth date:		
Name of Caretaker(s): Mother	Fatho	er Or
Guardian		
Home Address 1	Town	Postal Code
Email Address 1		
Home Address 2	Town	Postal Code
Email Address 2		
Home Phone Parent 1	Work Phone	Cell/Pager
Email Address 1		
Home Phone Parent 2	Work Phone	Cell/Pager
Email Address 2		
Doctor's Namo	Tal Number	

Child's Health Care Number	
General Health:	Any known allergies, health, or medical problems? YES / NO
If yes, please describe:	
Emergency Contacts (if parents can'	t be reached)
Name:	Tel. Number
Name:	Tel. Number
Name:	Tel. Number
Child's Age:	Child's Birthday (D/M/Y):
Please indicate your child's favourite	foods as well as foods that he/she will not eat:
Please describe your child's general	personality (likes, dislikes, etc.):
Does your child require any special t	foods/liquids or special diet? YES / NO - If yes, please describe:
Schedule of weekdays and time that	child-care is required:
Please add and attach additional co	mments if required: