

Application for Day Care

Application Date: ___/___/___
M D Y

Child's Name: _____ Birth Date: ___/___/___
M D Y

Parent(s)/Guardian(s) Name: _____

Full Address: _____

Employment/School Name & Address _____

Phone - Mom: (W) _____ (H) _____ (O) _____

Email: (W) _____ (H) _____ (O) _____

Phone - Dad: (W) _____ (H) _____ (O) _____

Email: (W) _____ (H) _____ (O) _____

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 st	Date 2 nd	Date 3 rd	Date 4 th	Date 5 th
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:

Parent Signature (required by Dept. of Community Services)

Child's Start Date: ____/____/____
 M D Y

Child's Withdrawal Date: ____/____/____
 M D Y

Reason for child's withdrawal: _____

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