



Little Picasso Daycare & Art Centre

Unit # 1, 7 Langbrae Drive Halifax, NS. B3M 4N7 Phone 902-802-7583

ENROLMENT FORM

Child's Full Name	DATE OF BIRTH (DD/MM/YYYY)	Age:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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Starting Date: (DD/MM/YYYY)	Select Program: <input type="checkbox"/> Weekday Care <input type="checkbox"/> Weekend Care	Select days <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
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GUARDIAN (1) NAME	EMAIL ADDRESS	
STREET ADDRESS	CITY	POSTAL CODE
Telephone (Work):	(Home):	(Cell):

GUARDIAN (2) NAME	EMAIL ADDRESS	
STREET ADDRESS	CITY	POSTAL CODE
Telephone (Work):	(Home):	(Cell):

CHILD'S HEALTH CARD NUMBER	EXPIRY DATE (DD/MM/YYYY)
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ALLERGIES & FOOD RESTRICTIONS
Please list any allergies (medical and/or food):
Food Restrictions? (Cultural/Religious)
Family Doctor Details:

In Case of Emergency: Adult to contact if you cannot be reached	Relationship:
Telephone (Work):	(Home):
	(Cell):

Permission for pick up - Adults given permission to pick up your child	Name:	Relationship:
	Name:	Relationship:

Parental Consent - Please initial to give consent for the below statements.	Outings - I am willing for my child to go on outside expeditions with the child care staff <i>(Permission forms to be issued on trips away from the Centre)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Treatment - I am willing for my child to have medical attention, and be taken to hospital in case if emergency, if I /we cannot be reached. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Walking - I give permission for my pre-school child to walk to and from assigned playground to the Centre. <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos - I give permission for photos to be taken of my child during activities at the Centre to be displayed in the Centre and posted on our social media and publications. <input type="checkbox"/> Yes <input type="checkbox"/> No

Weekend Childcare: I confirm that my child is not receiving more than 65 hours of out-of-home child care per week. Initials
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(Signature of Guardian (1))	Date (DD/MM/YYYY)
Signature of Guardian (2)	Date (DD/MM/YYYY)

For office use only	
Admission Date	Withdrawal Date
Reasons for Withdrawal	

SUBMIT