



# 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	<input type="checkbox"/> After School	<input type="checkbox"/> Day Camp	<input type="checkbox"/> Saturday Art			
	<input type="checkbox"/> Full Time:	<input type="checkbox"/> Part Time:	Select Days:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat

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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<b>ALLERGIES &amp; FOOD RESTRICTIONS</b>
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:

<b>Parental Consent -</b> Please initial to give consent for the below statements.	<b>Outings -</b> 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	<b>Emergency Treatment -</b> 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
	<b>Walking -</b> I give permission for my school age child to walk to and from school to the Centre. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Photos -</b> 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.

(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**