



APPLICATION FOR ENROLLMENT

Child's Name: _____
Surname First Initials

Date of Birth: _____ Days of Care: _____

Mother _____ Home Phone: _____
Name

Home Address: _____

Business Address: _____

Business Phone: _____ Cellular Phone: _____

E-mail Address: _____

Father _____ Home Phone: _____
Name

Home Address: _____

Business Address: _____

Business Phone: _____ Cellular Phone: _____

E-mail Address: _____

Authorized person's who may pick up my child in the case of an emergency:

Name: _____ Home/ Cell Phone: _____

Relationship: _____ Business Phone: _____

Name: _____ Home/ Cell Phone: _____

Relationship: _____ Business Phone: _____

Child's Physician: _____

Address: _____

Telephone: _____ Health Card #: _____

Allergies: _____

include how the allergy usually manifests itself – hives, skin rash

Previous history of communicable diseases, conditions requiring medical attention?

Any special diet, rest or exercise requirements?

Any other related information that you feel we need to better understand your child?
Favorite Activities, previous playgroup experiences, siblings...

Parent/Guardian Signatures: _____

Admission Date: _____ **Discharge Date:** _____
Month/Day/Year Month/Date/Year

Directors Initials: _____ **Date:** _____