

**APPLICATION FOR
ENROLMENT**



**LITTLE
TOWN**

INSTRUCTIONS: Please complete the form in full. Do not leave any blank spaces. Put N/A where not applicable to you or your child.

Name of Centre: _____ Date of Application: _____

Requested Start Date: _____ Actual Start Date: _____ Withdrawal Date: _____

Fee Assistance: Required Receiving Not Required

ABOUT THE CHILD

Name: _____ Birth date: _____/_____/_____
First Last Month Day Year

Address: _____
Number Street

City Province Postal Code

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

Full Name

Relationship to Child

Home Address

Same as child; if not, list below

Same as child; if not, list below

No. and Street

City and Postal Code

Home Phone #

Mobile Phone #

Email Address:

Add to e-mail list?

Yes No

Yes No

Occupation

Employer:

Work Phone #

Work Address

Street and City



EMERGENCY CONTACTS

Please provide 2 emergency contacts (other than the parents/guardians) who can be contacted in the event of an emergency and are authorized for pick up.

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Full Name	
Relationship to Child	
In which city?	
Work #	
Cell #	

AUTHORIZED PERSONS WHO CAN PICK UP YOUR CHILD

In addition to parents/guardians and Emergency Contacts, list others who are authorized to pick up your child.

Name	Age (if under	Relationship	Home #	Work #	Extension	Cell #
		Child				

Code Question: _____

Answer: _____

My child may not be released to: _____

A Code Question and Answer must be on file. This will be used if a Parent/Guardian calls to verify their identity when they wish to send someone else for pick up that is not already on the Authorized Pick-up List. The individual will then be required to show Photo ID upon pick up. You may update your list later.



CHILD HEALTH INFORMATION

Family Doctor's Name: _____

Address: _____

Number Street

City Province Postal Code

Telephone: _____

Is your child immunized? Yes, attach Immunization Records No, attach Exemption

Does your child require medications to be administered while at Little Town? Yes No

If yes, please obtain and complete a Prescribed Medication and/or Non-Prescription Medication Form and submit it to the Supervisor.

Does your child have any allergies? Yes No

If yes, please list all of your child's allergies in the space below:

_____	<input type="checkbox"/> Life-threatening?	<input type="checkbox"/> Epi Pen?
_____	<input type="checkbox"/> Life-threatening?	<input type="checkbox"/> Epi Pen?
_____	<input type="checkbox"/> Life-threatening?	<input type="checkbox"/> Epi Pen?
_____	<input type="checkbox"/> Life-threatening?	<input type="checkbox"/> Epi Pen?
_____	<input type="checkbox"/> Life-threatening?	<input type="checkbox"/> Epi Pen?
_____	<input type="checkbox"/> Life-threatening?	<input type="checkbox"/> Epi Pen?

If your child requires an Epi Pen, an Individual Anaphylaxis Plan and Prescribed Medication form are required.

Does your child have e medic alert bracelet or necklace? Yes No

Please describe any special medical or additional information that would be helpful in case of an emergency:



Does your child have any dietary restrictions? Yes No

If yes, please list all of your child's dietary restrictions in the space below:

History of Communicable Disease and Conditions Requiring Medication Attention:

Type: _____ Date: _____

Type: _____ Date: _____

Type: _____ Date: _____

Any symptoms indicative of ill health? Yes No

If yes, please list all of your child's symptoms in the space below:

Little Town Day's curriculum/program may include fine and gross motor skills, physical activity, field trips, etc. **Does your child have any physical, emotional, cognitive, or behavioural limitations/challenges that would require assistance and/or modifications to the program** to allow them to fully participate? Yes No

If yes, please explain in the space provided below:

DECLARATION AND AGREEMENT

I am the legal guardian of the child and have the authority to enter into this agreement. I verify that the information written on the form is true and correct. I understand that it is my responsibility to keep Little Town Day Care informed of any changes to information within a reasonable time frame.

Parent 1 Signature

Date

Parent 1 Signature

Date

PLEASE NOTE: *One parent/guardian signature is acceptable, except where a court order or agreement exists that requires both parents/guardians to sign for the child*