

FUN TIME DAY CARE

Application for Enrolment

Name of Agency: **Fun Time Day Care**

Type of Child Care Required: Full-time Part-time Occasional
 Evenings Nights Weekend

Start Date: dd-mm-yyyy

Hours of Care

MON	TUES	WED	THURS	FRI	SAT	SUN

For Office Use Only

Date of Admission: dd-mm-yyyy

Date of Discharge: dd-mm-yyyy

This enrolment form has been reviewed with the Fun Time Day Care

Child Information

Full Legal Name:	Preferred Name:
Date of Birth (dd-mm-yyyy):	
Home Address(es):	
Language(s) Spoken at Home:	
Other children in the family enrolled with the agency (list names, if applicable):	

Parent Information (Mother)

Full Legal Name:	Preferred Name:
	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address:	
<input type="checkbox"/> Same as Child	
Work Address & closest intersection:	

Parent Information (Father)

Full Legal Name:	Preferred Name:
	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address & closest intersection:	
<input type="checkbox"/> Same as Child Work Address & closest intersection:	

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name (s) of custodial parent(s): _____

Name (s) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	
Full Legal Name:	Full Legal Name:	
Preferred Name:	Preferred Name:	
Relationship to Child:	Relationship to Child:	
Primary Phone Number:	Primary Phone Number:	
Alternate Phone Number:	Alternate Phone Number:	
Home Address:	Home Address:	
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., allergy, known medical conditions, skin conditions, vision/hearing difficulties)

Health Information

If your child has any history of communicable diseases (e.g., chicken pox, measles), please list them here (see Appendix C for common communicable diseases from Health Canada):