

## APPLICATION FORM – CONT.

Name of Centre: \_\_\_\_\_ Information Update: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Start Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Day Care  Nursery School  School Age Program

Fee Assistance Required  Receiving Fee Assistance  Fee Assistance Not Required

### CHILD INFORMATION

Surname: \_\_\_\_\_ Male  Female   
Given Name(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_ (D/M/Y)  
Home Address: \_\_\_\_\_  
Apt/Unit #: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

### FIRST PARENT/GUARDIAN INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Apt/Unit #: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext. # \_\_\_\_\_  
Indicate: Cell  Pager  or both

### SECOND PARENT/GUARDIAN INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Apt/Unit #: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext. # \_\_\_\_\_  
Indicate: Cell  Pager  or both

### CUSTODY INFORMATION

If your child is involved in a custody arrangement, please fill in the information below:

Are there any special arrangements pertaining to access/visitation? Yes  No

If "yes" what are the arrangements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy of Custody Order Provided:  Yes

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### EMERGENCY CONTACT/AUTHORIZED TO PICK UP

<b>EMERGENCY CONTACT #1</b>			
Name: _____	Address: _____		
City: _____	Province: _____	Postal Code: _____	
Relationship to child: _____			
Phone #1: _____	Phone #2: _____		

<b>EMERGENCY CONTACT #2</b>			
Name: _____	Address: _____		
City: _____	Province: _____	Postal Code: _____	
Relationship to child: _____			
Phone #1: _____	Phone #2: _____		

<b>EMERGENCY CONTACT #3</b>			
Name: _____	Address: _____		
City: _____	Province: _____	Postal Code: _____	
Relationship to child: _____			
Phone #1: _____	Phone 2: _____		

Note: In case of emergency, and I am/we are not able to be reached, I grant permission for the treatment of my child by a physician selected by the staff. I grant permission for my child to participate in all child care activities, and for any supervised offsite trips. I will notify the Centre of any changes to my file, in writing.

#### **Personal Information**

I hereby consent to the collection, use and disclosure of my child's information by the centre for the purposes of providing child care services to my child enrolled in Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_