

# APPLICATION FORM

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

Date of Application: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_ Actual Start Date: \_\_\_\_\_

Day Care  Nursery School  School Age Program  Withdrawal Date: \_\_\_\_\_

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 CONTACTS/PERSONS TO WHOM CHILD MAY BE RELEASED IN ADDITION TO PARENTS

**EMERGENCY CONTACT #1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**EMERGENCY CONTACT #2**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**EMERGENCY CONTACT #3**

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: \_\_\_\_\_