

Child Enrollment Application (pg 1)



Office Use Only:

Date of Admission: _____

Date of Discharge: _____

Halton Day Care Services is committed to the social and cognitive development of children. We have adopted a play-based learning approach to our programs. Specifically, our plans are designed to integrate gross and fine motor skills while encouraging learning and emotional development through active and quiet play.

Child's Name: _____ Date of Birth: _____

Type of Care Program: Full-Time: _____ Part-Time: _____

Hours: _____ Number of Days: _____

Personal

Child's Full Name: _____ Phone: _____

Street Address: _____ City: _____ Postal Code: _____

Email Address: _____ Language Spoken: _____ Date Care Required: _____

Mother's Name: _____ Cell : _____

Mother's Address: _____ Phone : _____

Mother's Employer Name: _____ Phone : _____

Employer's Address: _____

Father's Name: _____ Cell : _____

Father's Address: _____ Phone : _____

Father's Employer Name: _____ Phone : _____

Employer's Address: _____

Child's Home Address: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

List of persons to whom the child may be released (other than parents):

Name	Relationship	Address	Phone Number



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Medical

Physician's Name: _____ Phone: _____

Address: _____

Any Diseases: _____

Any history of communicable diseases: _____

Conditions Requiring Medical Attention/Symptoms of ill health _____

Instructions for any medication/drug taken _____

Rest /Placement of Sleep (written recommendation required from doctor) _____

Physical Activity/Special Diet _____

Individualized plan (special needs) on file _____

Special Feeding Instructions (for children under 1 year) _____

In Case of Emergency: Preferences, Hospitals, And Special Needs: _____

Parent/Guardian Signature _____ Date _____