

# APPLICATION FORM



Updated April 2015

CHILD INFORMATION		
Surname	Given Name	
Address House/Apt #	Street:	
City	Post Code	Home #
Date of Birth : Month	Day	Year
		Cell #

PARENT INFORMATION (COMPLETE IN FULL)	
<b>Parent / Guardian #1</b>	Relationship
Home Address (if different from child's) _____	Home# _____ Cell # _____
Business Name &n Address or School Name & Address _____	Bus/School # _____
<b>Parent / Guardian #2</b>	Relationship
Home Address (if different from child's) _____	Home# _____ Cell # _____
Business Name &n Address or School Name & Address _____	Bus/School # _____
Child Living with:	Custody Parent <input type="checkbox"/> Joint <input type="checkbox"/> Special Arrangements <input type="checkbox"/> Court Order on File?    Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(include copy with Application)</small>
Are there any brothers and / or sisters?	

CHILD HEALTH	
Health Card Number <i>(include version code)</i>  <small>Optional</small>	<b>COMPLETE IN FULL</b> Doctor's Name _____ Phone # _____ Address _____
<b>Health Concerns / Significant Medical History</b> <i>(i.e. Allergies, asthma, medications, drug reactions, food restrictions, Special needs etc.)</i> _____ _____	
<b>DOES YOUR CHILD REQUIRE AN EPI-PEN?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, an Anaphylactic Form must be filled out and attached to this application form.</small>	

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## EMERGENCY CONTACT:

Name (first and last)	Daytime Phone #	Cell #	Relationship to Child
1.			
2.			

## OTHER PERSONS TO WHOM THE CHILD MAY BE RELEASED:

Name (first and last)	Daytime Phone #	Cell #	Relationship to Child
1.			
2.			
3.			
4.			

## AUTHORIZATION OF RELEASE OF THE CHILD OTHER THAN THE PARENT(S)

Children will not be released to anyone whose name does not appear on this list without your written or verbal consent. Identification will be requested for your child's protection.

**PICK UP PERSON MUST BE 16 YEARS OF AGE OR OLDER.**

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

## OTHER IMPORTANT INFORMATION ABOUT YOUR CHILD

Special interests /needs / abilities / disabilities: \_\_\_\_\_

\_\_\_\_\_

Fears / dislikes: \_\_\_\_\_

Habits / behaviours: \_\_\_\_\_

Cultural observances: \_\_\_\_\_

Previous child care experience: \_\_\_\_\_

## MEDICAL INFORMATION

### MEDICAL HISTORY:

Any significant medical history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug Reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IMMUNIZATION HISTORY:

Please complete or check for accuracy with the Immunization information on the front of this form.

**HISTORY OF COMMUNICABLE DISEASES:** Please note date in space.

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_

Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_

Other \_\_\_\_\_

### MEDICATIONS:

Please specify details including any precautions to be taken if this medication is to be given at the Day Care Centre.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ORIGINAL IMMUNIZATION CARD MUST BE BROUGHT TO THE OFFICE TO BE PHOTOCOPIED UPON REGISTRATION**



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