

Do not fill this section:

Date of Application: _____

Requested Start Date: _____

Actual Start Date: _____

Withdrawal Date: _____

Application Form

- | | |
|--|---|
| <input type="checkbox"/> Full Time Preschool | <input type="checkbox"/> Part Time Preschool |
| <input type="checkbox"/> Toddler Program | <input type="checkbox"/> After School Program |
| <input type="checkbox"/> Tutoring Program | <input type="checkbox"/> Playgroup/Childminding |

Child Information

Child's full name: _____
Last
First
Middle

Name child goes by: _____

Date of birth: _____ Age: _____

First Parent/Guardian Information

Relationship to child: _____

Full Name: _____

Address: _____

eMail Address: _____

Home phone: _____ Cell phone: _____

Business Name and Address: _____

Work phone: _____ Extension: _____

Second Parent/Guardian Information

Relationship to child: _____

Full Name: _____

Address: _____

eMail Address: _____

Home phone: _____ Cell phone: _____

Business Name and Address: _____

Work phone: _____ Extension: _____

Custody Information

Are there any special custody arrangements pertaining to access to/visitation of your child? Yes No

If you answered "yes" to the above, please provide details on the arrangements:

Copy of Custody Order provided: Yes

EMERGENCY CONTACTS TO WHOM CHILD MAY BE RELEASED IN ADDITION TO PARENTS/GUARDIANS:

Emergency Contact 1

Relationship to child: _____

Full Name: _____

Address: _____

Phone 1: _____ Phone 2: _____

Emergency Contact 2

Relationship to child: _____

Full Name: _____

Address: _____

Phone 1: _____ Phone 2: _____

Emergency Contact 3

Relationship to child: _____

Full Name: _____

Address: _____

Phone 1: _____ Phone 2: _____

Please remind emergency contacts to bring a valid picture ID when picking up a child otherwise we will not be able to release the child due to safety concerns.

Please answer the following questions to help us serve your child and family better.

General Information

Please list any other members of the household (siblings, extended family, pets, etc.):

Who has cared for your child up to the present time? Home Care Licenced Child Care Relatives

What language(s) is/are spoken at home? _____

Please list any significant information that we should be aware of such as recent upsets or changes, fears, special instructions regarding pick-up, etc.:

In what areas does your child have a particular interest? _____

How does your child like to be comforted? _____

Does your child have sensitivity to any foods? Yes No

If yes, please elaborate: _____

General Temperament

Friendly, Outgoing Active Very Active Shy/Quiet Cooperative Slow to warm up

Comments/Additional Information:

Speech Development

Body language only Uses Words Only Speaks in Sentences Speaks in Phrases

Comments/Additional Information:

Social Skills

Prefers to Play Alone Plays with Group of Children Follows Routines Adaptable/Flexible

Comments/Additional Information:

Self Help Skills

Dresses Self Toilets Self Feeds Self

Comments/Additional Information:

Sleep Patterns

Usually Naps _____ hrs No Naps

Comments/Additional Information:

PARENT/GUARDIAN PERMISSIONS:

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 off site trips. I will notify the Little Giants Childcare centre of any changes to my file, in writing.

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.

Printed Name of Parent or Guardian: _____

Signature of Parent/Guardian: _____ Date: _____