

# Home Child Care Agency Application for Enrolment

Name of Agency: **DAISY BLUE CHILDCARE SERVICE INC.**

## For Office Use Only

Date of Admission: dd-mm-yyyy

Date of Discharge: dd-mm-yyyy

This enrolment form has been reviewed with the child care agency.

Type of Child Care Required:  Full-time  Part-time  Occasional

Before/After School  Other:

Start Date:

Days Care Required:

MON	TUES	WED	THURS	FRI	SAT	SUN

Drop Off Time:

Pick Up Time:

## Child Information

Full Legal Name:

Preferred Name:

Date of Birth (dd-mm-yyyy):

Home Address(es):

Language(s) Spoken at Home:

Other children in the family enrolled with the agency (list names, if applicable):

## Parent Information

Full Legal Name:

Preferred Name:

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Full Legal Name:

Preferred Name:

Relationship to Child:

Primary Phone Number:

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**Alternate Phone Number:**
**Email address(es):**


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**Home Address:**
 Same as Child
 

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**Custody Arrangements (if applicable)**

 Are there custody arrangements pertaining to legal right of access to your child?  YES  NO

**Pick-Up Authorization / Emergency Contacts**

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before child will be released):

Full Legal Name	Relationship to Child	Primary Phone

**Health Information**

 If your child has any history of communicable diseases (e.g., chicken pox, measles), please list them here:
 

 Does your child have a medical need that requires additional support (e.g. Diabetes)?  YES  NO

**Allergy Information**

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

 YES  NO

Does your child have any allergies that are not life-threatening (food or other substance (e.g., latex))?

 YES  NO

 If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment:

## Dietary and Feeding Arrangements

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES     NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES     NO

If yes, please provide relevant details:

### Additional Information

Please indicate any additional information which is relevant to the care of your child:

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**Parent Name**

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**Parent Signature**

**Date (dd-mm-yyyy)**

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**Provider Name**

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**Provider Signature**

**Date (dd-mm-yyyy)**

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**Agency Representative Name**

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**Agency Representative Signature**

**Date (dd-mm-yyyy)**

Please email the completed application form to the agency at [daisybluechildcare@gmail.com](mailto:daisybluechildcare@gmail.com) and we will provide you with details regarding the next steps in the child enrollment process.