

DURHAM PROFESSIONAL HOME DAY CARE

1367 Altona Road, Pickering, ON. L1V-1M2
905-509-1207 fax: 905-509-1092

APPLICATION FOR CHILD CARE

A non-refundable registration fee of \$30.00 is required

Child's Name _____ Birthdate _____ Sex _____

Address _____ City _____ Postal Code _____

Home Phone No. _____ Main Intersection _____

Check days of the week care is required:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What hours does your child require care? _____ a.m. to _____ p.m.

Date care required to start: _____

Program required: Full day() Half day a.m./p.m. _____ School age ()

What school does your child attend (if applicable)

Name _____ Teacher _____

Address _____ Phone () _____

Grade _____ A.M. _____ P.M. _____ Both _____

FAMILY INFORMATION

Married _____ Divorced _____ Separated _____ Single _____

If parents **not** living at same address, please complete for parent not residing at the same address as the child. Does this parent have access to the child? Yes _____ No _____

Name _____ Complete _____ Address _____
Town _____ Home Phone _____ Wk Phone _____

Brothers/Sisters: Names and Ages _____

Employment Information

Mother - name	Employer	Complete Address Town Postal Code	Telephone Cell Phone Pager
Father- name	Employer	Complete Address	Telephone

		Town	Cell Phone
		Postal Code	Pager

Emergency Contact & Persons authorized to pick up child (other than parent)

Name	Home Address	Employer Name/Address	Home Phone Work Phone Cell Phone
Name	Home Address	Employer Name/Address	Home Phone Work Phone Cell Phone

ANY OTHER AUTHORIZED PICK UP PERSON

Name _____ Relationship _____
 Address _____ Town _____ Postal Code _____
 Home Phone _____ Business Phone _____ Signature _____

MEDICAL INFORMATION

Child's Physician _____ Telephone _____
 Address _____ Town _____ Postal Code _____

Are there any medical problems which would require attention?

Present Day Care Arrangements? _____
 Transportation to work: Car _____ Bus _____ Go Train _____ Which Station _____
 Route driven to work _____
 How did you find out about our Agency? _____
 Why are you considering licenced Home Child Care? _____
 Other Information or comments _____

Date _____

 Parent/Guardian Signature

FOR OFFICE USE ONLY

Date Registration Application Received _____ Fee Enclosed _____
 Date of Interview _____ Date Admitted _____
 Provider _____ Fee _____ Code _____
 Date of Withdrawal _____ Reason _____
 Pets – Yes/No Car use – Yes/No Pool yes/no Other _____

Interviewer: _____