



Admission Date:

ENROLLMENT APPLICATION

CHILD'S INFORMATION

First Name:	Last Name:	Sex:
Address:	Home Phone:	Birth Date:
City:	Postal Code:	Province:

FAMILY INFORMATION

Parent / Guardian Name:	Employment:
Position:	Work Phone:
Parent / Guardian Name:	Employment:
Position:	Work Phone:

Authorized Pick-Up Person(s)

Name:	Phone:
Name:	Phone:
Name:	Phone:

GENERAL MEDICAL INFORMATION

Family Physician:	Phone No:
Physician's Address:	
<i>Does student have any physical defects or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
If yes, explain:	
Ontario Health Card No:	Expiry Date:

EMERGENCY TELEPHONE NUMBERS

In case Parents/Guardians cannot be reached, the following people are authorized to pick up the students.

Name:		
Address:	Home Tel:	Bus. Tel:
City:	State	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

HOW DID YOU HEAR ABOUT World Of Wisdom? (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> Friend / Family <input type="checkbox"/> Web Search <input type="checkbox"/> Social Media <input type="checkbox"/> Word Of Mouth <input type="checkbox"/> School / Church <input type="checkbox"/> N/A
If from Friend Or Family Member, Whom can we thank? Name:

MEDICAL INFORMATION/AUTHORIZATION

Child's name:	
Health Card #:	Expiry Date:
Physician's Name:	
Physician's Address:	
<p>In the event that I cannot be reached in a time of illness or accident concerning my child, you are authorized to contact the physician listed below. If the named physician cannot be reached, permission is granted to authorize any doctor to give necessary medical emergency care.</p>	
<input type="checkbox"/> Clear Lake Regional	
<input type="checkbox"/> Methodist St. John	
Other:	Phone Number:

I further consent to my child being transport by a staff member in case of sudden illness or emergency to a private physician or hospital.

- a) I acknowledge receipt of the facility's operational policies Including those for discipline and guidance.
- b) I give consent for my child to participate in water table activities such as bubble play
- c) I give consent for my child to be transported and supervised by the operation's employees for emergency care.
- d) I give consent for the facility to secure any and all necessary emergency medical care for my child
- e) I understand that my child will not be admitted to the day care until a completed medical form is on file. If my child appears to be ill, he/she will not be admitted to the day care. I shall notify the Manager of the day care if the illness is contagious.

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Allergies or other important information:

Has your child had any of the following: whooping cough _____ chicken pox _____ measles _____ mumps _____

Permission to administer Tempera or Tylenol in the event of a temperature:

Above: _____ Dosage: _____

I hereby agree to the rate quoted at the time of the interview and to the preceding Medical Authorization. I have read, do understand and agree to the policies and procedures as outlined I the Alive Christian Daycare Parent Handbook.

Signature of Parent/Guardian

Signature of Parent/Guardian

Relationship to child

Relationship to child

Date Signed

Date Signed