

**Lil' Wiilideh Champions  
Day Care  
APPLICATION FOR ENROLMENT**

Date (d/m/y): \_\_\_\_\_

APPLICANT / CHILD INFORMATION		
Last Name	First Name(s)	Date of Birth (d/m/y)
Home Address	Postal Code	Health Care Card No.

PARENT / GUARDIAN INFORMATION			
Last Name		First Name(s)	
Home Address	City / Community	Postal Code	
Work Address	City / Community	Postal Code	
Home Phone No.	Work Phone No.	Cell Phone No.	Email Address

EMERGENCY CONTACT (if parent/guardian cannot be reached)			
Last Name		First Name(s)	
Home Address	City / Community	Postal Code	
Work Address	City / Community	Postal Code	
Home Phone No.	Work Phone No.	Cell Phone No.	Email Address

INDIVIDUALS TO WHOM THE CHILD MAY BE RELEASED
Name _____
Name _____
Name _____

INDIVIDUALS RESTRICTED / PROHIBITED FROM ACCESS TO THE CHILD
The name of any parent or other person who, by court order or agreement, is restricted in or prohibited from exercising access to the child or from picking up the child. <i>Please attach a copy of the applicable court order or agreement.</i>
Name _____
Name _____

HEALTH CARE INFORMATION
Name of Health Care Provider / Family Physician _____

<b>PLEASE ATTACH THE FOLLOWING:</b>	<input type="checkbox"/> Copy of the child's <b>immunization record</b> (required)
Does your child have any record of a medical, physical, developmental or emotional condition relevant to his or her care?	<input type="checkbox"/> Yes (Please attach a copy of the record) <input type="checkbox"/> No

CONSENT FORM FOR EMERGENCY CARE AND TRANSPORTATION
If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I give permission to the child day care staff to take whatever emergency measures they deem necessary for the protection of _____ (my child) while in their care.
I understand that this may involve contacting a doctor, interpreting, and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <i>X</i> _____ Signature of Parent / Guardian         </div> <div style="text-align: center;">           _____ Date (d/m/y)         </div> </div>

<input type="checkbox"/> <b>ALLERGIES</b> <input type="checkbox"/> <b>SPECIAL FOOD REQUIREMENTS / FEEDING ARRANGEMENTS (if applicable)</b>	Please list and specify any pertinent information: _____ _____
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Please complete BOTH sides of form

**SPECIAL PERMISSIONS**

**PLEASE CHECK THE FOLLOWING PERMISSIONS AND SIGN AT THE BOTTOM OF THE FORM**

**PERMISSION FOR THE CHILD TO BE TAKEN ON Ex BY THE DAY CARE STAFF**

Yes  No I give permission for my child to leave the Child Day Care Facility in the company of qualified staff for walks and excursions in the local community.

**NOTE:** On major excursions parents/guardians will be notified in writing.

**PERMISSION FOR THE CHILD TO BE TRANSPORTED BY A VEHICLE FOR THE PURPOSE OF Excursions**

Yes  No I give permission for my child to travel in a vehicle provided by the Child Day Care Facility for the purpose of excursions.

**NOTE:** For each excursion using vehicles the parents/guardians will be informed as to how their child will be secured/restrained (e.g., booster seat) or if the vehicle does not have seat belts (e.g., school bus).

**PERMISSION FOR THE CHILD TO BE PHOTOGRAPHED OR VISUALLY RECORDED (VIDEO TAPED)**

Yes  No I give permission for my child to be photographed or visually recorded while at the Child Day Care Facility for the following reasons:

Yes  No **Newsletter**

Yes  No **Website**

Yes  No **Publicity / Advertising**

Yes  No **Day Care Facility Promotions**

Yes  No **Good News Story in Local Media/Newspaper**

Yes  No **Other (please specify):** \_\_\_\_\_

X  
\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date (d/m/y)

*Please complete BOTH sides of form*

**FOR CHILD CARE FACILITY USE ONLY**

**CHECK DOCUMENTS ATTACHED**

**REQUIRED:**  Copy of child's immunization record

Dated \_\_\_\_\_(d/m/y)

**IF APPLICABLE:**  Copy of any court order or agreement restricting or preventing a person from accessing or picking up the child

Dated \_\_\_\_\_(d/m/y)

Record of any medical, physical, developmental, or emotional condition relevant to the child's care

Dated \_\_\_\_\_(d/m/y)

