

## Application for Enrolment

### Child Information

Full Legal Name:	Preferred Name:	Date of Birth:
Home Address:	Major Intersection:	
Language spoken at home:		
List siblings enrolled with the agency if applicable:		
Has your child been in child care before?		
Are there any legal custody agreements?		
Name and location of child's school if applicable:		

### General Health Information

Does your child have any allergies, health or medical conditions? If yes, please describe:
Does your child require additional community support? If yes, please describe.
Does your child observe a special diet (food restriction)? If yes, please describe:

### Parent/Guardian #1

Full Legal Name:	Preferred Name:
Relationship to Child:	Alternate Phone Number:
Primary Phone Number:	Email:
Home Address: <input type="checkbox"/> Same as Child	

### Parent/Guardian #2

Full Legal Name:	Preferred Name:
Relationship to Child:	Alternate Phone Number:

Primary Phone Number:	Email:
Home Address:	
<input type="checkbox"/> Same as Child	

**Schedule and Location**

List preferred childcare location and any additional information regarding the care of your child.

Type of Child Care Required:       Full-time     Part-time     Before/After School

List days and hours care is needed:

MON	TUES	WED	THURS	FRI	SAT	SUN

How did you hear about CHILDSPEC LHDCS?

Signature of parent/guardian:	Date of registration (dd/mm/yyyy):
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For Office Use Only

Date of Admission: \_\_\_\_\_

Date of Closure: \_\_\_\_\_