

DAY NURSERY ENROLMENT FORM

Under the Day Nurseries Act, the following information is required to be on file in the day care/nursery school prior to your child attending. Your cooperation in completing this form is appreciated.

NAME OF CHILD: _____ **SEX:** _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ **POSTAL CODE:** _____

TELEPHONE NUMBER: _____ **DATE OF BIRTH:** ____/____/____

Legal Guardian Address and Telephone Number same as above _____. If NO please specify:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Employer: _____ Employer: _____

Bus. Address: _____ Bus. Address: _____

Bus. Telephone: _____ Bus. Telephone: _____

EMERGENCY CONTACT PERSON (OTHER THAN LEGAL GUARDIAN):

Name: _____ Telephone: _____

Address: _____ Relationship to Child: _____

Name of Person(s) to Whom the Child May Be Released: _____

MEDICAL INFORMATION:

Physician: _____ Ontario Health Card No.: _____

Address: _____

Telephone Number: _____

Please indicate which if any of the following communicable disease the child has had:

Red Measles: _____ Rubella(German Measles): _____ Chicken Pox: _____ Mumps _____

Pertussis(Whooping cough): _____ Hepatitis A: _____ Hepatitis B: _____ Other: _____

Has this child had any condition requiring medical attention of which the staff should be aware? Eg. Epilepsy, diabetes, allergies, special requirements for diet, rest, exercise. (Please attach written instructions if necessary.)

Please provide any further information concerning your child/family that the staff should be aware of. (Please attach an additional page if necessary.)

Attachments provided: (YES/NO) _____

Date: _____ Legal Guardian's Signature: _____

FOR OFFICE USE ONLY:

DATE OF ADMISSION: _____ **DATE OF DISCHARGE:** _____