

ITTY BITTY DAYCARE LTD

File No: _____

Starting Date: _____

Hours: _____

Withdrawal Date: _____

Application for Child Care

Child's Name: _____

First

Middle

Surname

Date of Birth: _____ Phone : _____ (____) _____

Month/Day/Year

Home Address: _____

Street Name & Number

City & Postal Code

Mother's Name: _____ Occupation: _____

First

Surname

Work Address: _____

Street Name & Number

City & Postal Code

Employer: _____ Phone : ____ (____) _____

Cell Phone : ____ (____) _____ Email: _____

Mother's ID: (Charge Card, Drivers License, Passport) _____

SIN#: _____ License Plate: _____ Other: _____

Bank Name and Address: _____

Father's Name: _____ Occupation: _____

First

Surname

Work Address: _____

Street Name & Number

City & Postal Code

Employer: _____ Phone : ____ (____) _____

Cell Phone : ____ (____) _____ Email: _____

Mother's ID: (Charge Card, Drivers License, Passport) _____

SIN#: _____ License Plate: _____ Other: _____

Bank Name and Address: _____

Non Custodial Parent's Address (if other than child's): _____

Alternate person Responsible in an emergency: _____

Address: _____

Street Name & Number

City & Postal Code

Home Phone: ____ (____) _____ Business Phone: ____ (____) _____

Relationship to Child: _____

Doctor's Name: _____ Phone : ____ (____) _____

Address: _____

Street Name & Number

City & Postal Code

Person Authorized to pick up child: _____ Phone : ____ (____) _____

Other children in the family: 1) _____ Age _____

2) _____ Age _____

Other Adults in the home: 1) _____ Relationship _____

2) _____ Relationship _____

Is any other language other than English spoken in the home? If yes, what language? _____

Has your child been assessed by an agency? (Peel Memorial, Brampton/Caledon, etc) _____

How did you hear about Itty Bitty daycare? (Yellow Pages, Newspaper Ad, Referral) _____

Other Information: (Dietary, health, behavioural, religious, rest and exercise)
