



**CHILD SPECIFICS:**

<b>Physician</b>	Full name	-----	
	Phone #	-----	
	Full Address	-----	
<b>Allergies</b> (please describe)	-----		
<input type="checkbox"/> Allergy has been verified by a doctor	<input type="checkbox"/> Allergy is life-threatening	<input type="checkbox"/> Child has an epipen	<input type="checkbox"/> Child has medication other than epipen
<b>Dietary restriction</b> (please list)	-----		
<input type="checkbox"/> Due to a known intolerance	<input type="checkbox"/> Due to suspected allergy not listed above	<input type="checkbox"/> Due to suspected intolerance	<input type="checkbox"/> Due to religious or other beliefs
<b>Medical condition</b> (please specify)	-----		
<input type="checkbox"/> Requires medication	<input type="checkbox"/> Requires cream or ointment	<input type="checkbox"/> Requires specific care	
Please note that a separate form must be filled in for any medication including epipen.			
<b>Health Card Number</b> (optional)	-----		

**ATTENDANCE OPTION:** (Please indicate)

- Full-time (8:45 am to 3:15 pm)       Precare (7:30 am to 8:45 am)       Aftercare (3:15 pm to 5:30 pm)

**PAYMENT PLAN:** (Please indicate)

- Option A: lump sum payment       Option B: payments over 7 months

**SIGNATURES:**

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\* Application must be accompanied by a non-refundable and non-transferable \$150 fee.

\* Toddlers must be able to walk, take only one nap per day, and feed themselves using a spoon or fork prior to enrolling.