

Application Form
Swings Daycare
#658 Route #2
Elmsdale, N.S.
902 883-1976

Start date: Month _____ Year _____
Name of child _____ F _____ M _____ Date of birth _____
Age _____ Address _____ Town/City _____
Postal code _____
Name of parent/ guardian 1 _____ Address _____
Cell # _____ Email address _____ Work # _____
Employment _____
Name of parent/ guardian 2 _____ Address _____
Cell# _____ Email address _____ Work# _____
Employment _____

Number of days per week 1 2 3 4 5 _____
I will bring my child to the centre around _____ a.m.
I will pick my child up around _____ p.m.

There will be a registration fee of \$25.00 which is non – refundable but will be taken off the first weeks fee Paid \$25.00 _____

Family Doctor _____ Address _____
Telephone # _____ Child's health card # _____

Please name two people that could be called in an emergency, if you can not be reached.
Name 1 _____ Relationship _____
Address _____ cell # _____

Name 2 _____ Relationship _____
Address _____ cell# _____

Would you tell us a bit about your child?

A) Physical abilities, health (any allergies ,toilet abilities and method of letting you know he/she needs to use the toilet.) _____

B) Characteristics (shy, outgoing, any fears) _____

C) Eating habits (strong likes /dislikes) _____

