

YOUNG ACHIEVERS/WHERE CHILDREN GROW DAYCARE



● SCHOOL YEAR 2021-2022 (FALL) ●

PROGRAM LOCATION: _____

CHILD INFORMATION

First Name:	Date of Birth (m/d/y):
Last Name:	Age of Child:

MEDICAL INFORMATION

Doctor's Name:	Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please specify:
Doctor's Phone Number:	
Doctor's Address:	Does your child have an Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Health Card Number (optional):	If yes, please fill out the Anaphylaxis Emergency Plan Form.

PARENT/GUARDIAN INFORMATION

Do you live together? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are both parents' names to be on the account? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Mother's Name:	Father's Name:		
Home: Cell:	Home:	Cell:	
E-mail:	E-mail:		
Home Address (including postal code):	Home Address (including postal code):		
Place of Employment:	Place of Employment:		
Work Number: Extension:	Work Number:	Extension:	
Work Address:	Work Address:		

EMERGENCY CONTACT 1

Name:	Full Name	Relationship to Child
Phone Number:	1	
Address (including postal code):	2	
	3	
Relationship to Child:	4	

AUTHORIZED PICK-UP PEOPLE

EMERGENCY CONTACT 2

Name:	CUSTODY AGREEMENT (attach document if needed)	
Phone Number:	Please indicate who has custody	
Address (including postal code):	Mother and Father	
	Mother only	
Relationship to child:	Father only	
	Other:	

Who lives with my child?

Has my child attended any form of childcare before?

What does my child like/enjoy?

What are some of my child's dislikes?

Does my child take any special medication? (this may require a form to be filled out)

Has my child been diagnosed with a medical condition before?

Is there anything else to know about my child that will help her/him learn and develop?

Parent's Signature: _____ **Date:** _____

Child's Start Date (if known) : _____