



# APPLICATION FOR ENROLLMENT

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Pager Number: (    ) \_\_\_\_\_

Pager Number: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Custody Arrangements (if applicable): \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Date day care required: \_\_\_\_\_

Child: For more than one child, please use a second form) \_\_\_\_\_

Circle MALE or FEMALE \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: (Day/Month/Year) \_\_\_\_\_

General Health: \_\_\_\_\_ Any known allergies, health, or medical problems? Circle YES or NO

If yes, please describe: \_\_\_\_\_

Does your child require any special foods or liquids or any special diet? Circle YES or NO

If yes, please describe: \_\_\_\_\_

Please outline your child's daily routine: \_\_\_\_\_

Please describe your child's general personality (likes, dislikes etc.) \_\_\_\_\_

Name and ages of siblings: \_\_\_\_\_

## PROVIDER:

What type of Provider are you looking for: \_\_\_\_\_

# APPLICATION FOR ENROLLMENT CONTINUED

What type of home would you like your child to be placed in?  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse smoke? Do you have pets? What type?  
\_\_\_\_\_

## PERSONAL:

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Persons to contact in an emergency if parents cannot be reached, and to whom child may be released.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

## SCHEDULE & LOCATIONS:

Hours of work: \_\_\_\_\_ Days of work: \_\_\_\_\_

I need day care for the following days and hours: \_\_\_\_\_

Closest intersection to work: \_\_\_\_\_

Closest intersection to home: \_\_\_\_\_

Child's School (Name & Location): \_\_\_\_\_

## GENERAL COMMENTS:

Please outline any additional comments or requirements regarding day care for your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Wee Watch? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Application forms must be returned before interviews can be scheduled.  
Please enclose a non-refundable cheque for registration and send to the address below.

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**FOR OFFICE USE ONLY:**

Date child admitted: \_\_\_\_\_ Date child discharged: \_\_\_\_\_