

FRIENDS DAY CARE – APPLICATION FOR ENROLLMENT

CHILD'S NAME:

DATE OF BIRTH:

HOME ADDRESS:

CITY

POSTAL CODE:

PARENT/GUARDIAN#1:

HOME ADDRESS (IF DIFFERENT TO ABOVE ADDRESS):

HOME TELEPHONE NUMBER:

CELL PHONE/OTHER:

EMPLOYER'S ADDRESS/SCHOOL/UNIVERSITY:

EMPLOYER/SCHOOL TELEPHONE INC. EXT.:

PARENT/GUARDIAN #2:

HOME ADDRESS (IF DIFFERENT TO ABOVE):

HOME TELEPHONE (IF DIFFERENT TO ABOVE):

EMPLOYER'S ADDRESS/SCHOOL/UNIVERSITY:

WORK/SCHOOL/UNIVERSITY TELEPHONE INCLUDING EXT.:

PICK-UP AUTHORIZATION. LIST THE ADULTS WHO MAY PICK UP YOUR CHILD. IF A SEPERATION OR CUSTODY AGREEMENT EXISTS, A COPY MUST BE KEPT ON FILE.

NAME:

RELATIONSHIP TO CHILD:

TEL:

SEE OVER



EMERGENCY CONTACTS:

PLEASE LIST AT LEAST TWO ADULTS WHO WE COULD CONTACT IN AN EMERGENCY, SHOULD WE BE UNABLE TO REACH A PARENT/GUARDIAN:

NAME:	RELATIONSHIP TO CHILD:	TEL:
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NAME:	RELATIONSHIP TO CHILD:	TEL:
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NAME:	RELATIONSHIP TO CHILD:	TEL:
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E-MAIL ADDRESS/ES: WE WILL ADD YOUR E-MAIL ADDRESS TO OUR MAILING LIST TO KEEP YOU UP-TO-DATE ON YOUR WAITING LIST POSITION OR FOR THE PURPOSES OF UPDATING OUR INFORMATION. IT WILL NOT BE GIVEN TO ANY OTHER ORGANISATION OR PERSON(S)

E-MAIL#1	E-MAIL #2
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THE INFORMATION GATHERED IN THIS FORM IS STRICTLY FOR THE USE OF FRIENDS DAYCARE ADMINISTRATIVE STAFF. ALL INFORMATION WILL BE KEPT CONFIDENTIAL IN YOUR CHILD'S FILE. FROM TIME TO TIME IT MAY NEED TO BE VIEWED BY OFFICIALS OF THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES AND/OR CITY OF TORONTO CHILDREN'S SERVICES DIVISION, WHO CHECK TO DETERMINE THAT THOROUGH AND COMPLETE INFORMATION FOR EACH CHILD IS COLLECTED. THESE CHECKS ARE PART OF THE ANNUAL OR SEMI-ANNUAL ROUTINE CHECKS WHICH ARE PART OF THE DAYCARE LICENSING PROCESS AND ARE PERFORMED TO ASSURE THAT A HIGH STANDARD OF CARE IS BEING MAINTAINED BY THE DAYCARE CENTRE. AT NO OTHER TIME WILL YOUR INFORMATION BE SHARED WITH ANOTHER PARTY WITHOUT YOUR PRIOR CONSENT.

I have read and understand the privacy information as outlined above

PARENT/GUARDIAN SIGNATURE:

DATE:

OFFICE USE ONLY:

FF SUB FT PT NUR

**DATE OF APPLICATION:
FOLLOW-UP:**

SPACE OFFERED:

DEPOSIT PAID:

START DATE: