



## Application for Child Care

Child's Name	Health Card #	Birthdate(d/m/yr)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

### Name of Parent/Guardian

1. Mother's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business/Cell Phone: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_  
Business/Cell Phone: \_\_\_\_\_

Address: (please include 911 numbers) \_\_\_\_\_  
Town: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Township \_\_\_\_\_  
E-Mail address: \_\_\_\_\_

### Directions to farm: (starting from Port Perry area)

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

### Emergency Contacts:

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business/cell phone \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business/cell phone \_\_\_\_\_

### Medical Information

Family Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_



## Application for Child Care

Do any of your children have physical disabilities? No\_\_\_ Yes\_\_\_

If yes, please describe

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Do any of your children have chronic health problems? (Asthma, diabetes, etc.)

No\_\_\_\_\_ Yes\_\_\_\_\_

If yes, please describe

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Do any of your children have severe allergies? No\_\_\_\_\_ Yes\_\_\_\_\_

If yes, please describe

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Do they require an epipen? No\_\_\_\_\_ Yes \_\_\_\_\_

Do any of your children require medication on a daily basis? No\_\_\_ Yes\_\_\_

If yes, please describe

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***If the caregiver will be required to administer medication a Request to Administer Medication Form must be signed by the parent.***

Meal/Snack Time: (Please list time and food references of the children)

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Nap/Sleep time: (Please note any special routines at nap/sleep time, special books, favourite stuffed toys, etc)

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House Rules:

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Outside Rules:

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