

**2 1/2 Hour Program**

- Monday, Wednesday, Friday am (3x)
- Monday, Wednesday, Friday pm (3x)
- Tuesday, Thursday am (2x)
- Tuesday, Thursday pm (2x)
- Monday to Friday am (5x)
- Monday to Friday pm (5x)

**3 Hour Program**

- Monday, Wednesday, Friday am (3x)
- Monday, Wednesday, Friday pm (3x)
- Tuesday, Thursday am (2x)
- Tuesday, Thursday pm (2x)
- Monday to Friday am (5x)
- Monday to Friday pm (5x)

Child's Name: \_\_\_\_\_  
*Surname* *Given Name*

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Sex: Male   
*(MM-DD-YR)* Female   
Prefer not to answer

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

**\*\* Contact email:** \_\_\_\_\_  
Please write clearly

Mother's Name: \_\_\_\_\_  
Home Address (if different than child): \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact Number (during child care): \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Home Address (if different than child): \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact Number (during child care): \_\_\_\_\_

**Emergency Information:**(not parents) Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact Number (during child care): \_\_\_\_\_

Name(s) of person(s) child can be released to:  
\_\_\_\_\_

**Allergies:** Written instructions concerning any special requirements in respect to diet:  
\_\_\_\_\_

Parents Signature: \_\_\_\_\_  
\_\_\_\_\_