

**APPLICATION - DARTMOUTH DAY CARE CENTRE**

**P.O. BOX 2715  
28 Caledonia Rd      33 Crichton Ave  
434-2865              469-3739**

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**EMPLOYER'S NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_  
**(Guardian/Partner)**

**EMPLOYER'S NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBER INCLUDING PERSON'S NAME AND RELATION TO CHILD:** \_\_\_\_\_

**FAMILY DOCTOR'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**HEALTH CARD NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS: (Optional)** \_\_\_\_\_

**OTHER USEFUL INFORMATION:**

Does your child have any allergies? \_\_\_\_\_

What are your child's personality traits? i.e.-do they prefer to play alone or in a group? Do they get upset easily?  
Can they be comforted easily? \_\_\_\_\_

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

What methods of discipline do you use? \_\_\_\_\_  
Disobedience? \_\_\_\_\_ Temper Tantrums? \_\_\_\_\_

Does he/she have a good appetite? \_\_\_\_\_ Likes/Dislikes? \_\_\_\_\_

Fears? \_\_\_\_\_ Sleeping Habits? \_\_\_\_\_

Can he/she attend to himself/herself in the bathroom? \_\_\_\_\_

Has your child been in Day Care before? \_\_\_\_\_

PLEASE READ CAREULLY AND SIGN THE FOLLOWING:

I UNDERSTAND THAT THE DAILY FEE CHARGED IS TO BE PAID WHETHER MY CHILD MISSES TIME OR NOT: \_\_\_\_\_

I AM WILLING FOR MY CHILD \_\_\_\_\_ TO GO OUTSIDE AND ON OUTSIDE EXPEDITIONS WITH ADEQUATE SUPERVISION:

I AM WILLING FOR MY CHILD \_\_\_\_\_ TO HAVE MEDICAL ATTENTION OR TO BE TAKEN TO THE HOSPITAL IN CASE OF EMERGENCY:

I HAVE READ THE BROCHURE ON THE DAY CARE AND UNDERSTAND IT, THEREFORE, WILL ENDEAVOUR TO ABIDE BY THE RULES THAT ARE EXPLAINED:

I HAVE RECEIVED MY OWN COPY OF THE PARENT POLICY:

**IMPORTANT:**

**MY CHILD \_\_\_\_\_ CAN BE RELEASED FROM THE DAY CARE TO THE FOLLOWING PEOPLE AND I UNDERSTAND THAT I AM TO INFORM THE STAFF IF SOMEONE OTHER THAN THE PEOPLE LISTED BELOW WILL BE PICKING MY CHILD UP: (PLEASE GIVE PHONE NUMBERS AND RELATIONSHIP TO THE CHILD)**

\_\_\_\_\_ **RELATION** \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ **RELATION** \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ **RELATION** \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ **RELATION** \_\_\_\_\_ # \_\_\_\_\_

*I understand that I have to pay any or all applicable fees per month and that failure to pay the account may result in referral of the delinquent account to a collection agency, action against me in small claims court or refusal to provide continued service.*

*I agree that the Executive Director from Dartmouth Day Care Centre may contact other centres at which my child has been enrolled to determine if my account was in good standing at the time of my withdrawal.*

*I understand that if I have a delinquent account at Dartmouth Day Care Centre this information may be passed along to another centre to which may not accept my child until I satisfy this obligation.*

*I understand that if I have difficulty meeting my financial obligations I must contact the Executive Director and discuss ways in which these obligations may be met.*

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Witness:* \_\_\_\_\_ *Date:* \_\_\_\_\_