



APPLICATION FOR PRIVATE HOME DAYCARE

Please fax completed application form to (905) 270-9805

Or Email to homecare@caringforkids.ca

A non-refundable Registration fee of \$50.00 is payable at the time of the personal interview.

CHILD INFORMATION

Surname: _____ Male Female
Given Name(s): _____ Birth Date: _____ (D/M/Y)
Home Address: _____
Apt/Unit # _____ City/ Town: _____ Province: _____
Postal Code: _____ Home Phone Number: _____

FIRST PARENT/GUARDIAN INFORMATION

Surname: _____ Given Name: _____
Home Address: _____
Apt/Unit #: _____ City/Town: _____ Province: _____
Postal Code: _____ Home Phone Number: _____
Business Name: _____ Business Address: _____
Postal Code: _____ Business Phone: _____ Ext. # _____
Indicate: Cell Pager or both _____

SECOND PARENT/GUARDIAN INFORMATION

Surname: _____ Given Name: _____
Home Address: _____
Apt/ Unit #: _____ City/Town: _____ Province: _____
Postal Code: _____ Home Phone Number: _____
Business Name: _____ Business Address: _____ Ext. # _____
Postal Code: _____ Business Phone: _____
Indicate: Cell Pager or both _____

CUSTODY INFORMATION

If your child is involved in a custody arrangement, please fill in the information below:

Are there any special arrangements pertaining to access/visitation? Yes No

If you answered YES what are the arrangements? _____

Copy of Custody Order Provided: YES

Caring for Kids- Private Home 130 Dundas Street East, Suite 303, Mississauga, L5A 3V8

EMERGENCY CONTACT # 1

Name: _____ Address: _____
 City: _____ Province: _____ Postal Code: _____
 Relationship to child: _____
 Phone #1: _____ Phone #2: _____

EMERGENCY CONTACT #2

Name: _____ Address: _____
 City: _____ Province: _____ Postal Code: _____
 Relationship to child: _____
 Phone #1: _____ Phone #2: _____

DAYCARE REQUIREMENTS

Date that is required: _____ (D/M/Y)
 Main intersection: _____
 Choose a Program: Full Time (10 hours per day) (5 days/week) Rate: _____
 Part Time (3/4 days per week) Days: _____
 Half Days (5 Hours or Less) 5 days /week _____
 Other: _____

Drop Off Time: _____ Pick-Up Time: _____

Fee Assistance Required Receiving Fee Assistance Fee Assistance Not Required

Check off what applies to you: Non-Smoker No Dogs No Cats Close to Home

Other: _____

Has your child attended Daycare previously? YES NO

If yes, where? : _____

Personal Information

I hereby consent to the collection, use and disclosure of my child's information by Caring For Kids Private Home for the purposes of providing child care services to my enrolled in Daycare. I understand that Caring For Kids –Private Home protects the privacy of all personal information in compliance with the privacy legislation.

Date: _____ (D/M/Y) Signature of Parent/Guardian: _____

FOR OFFICE USE ONLY

Date application received: _____
 Date of Interview: _____ Start Date: _____
 Name of Caregiver: _____ Name of H.C.C. _____
 Date of Withdrawal: _____ Reason for Discharge: _____

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CARING FOR KIDS PRIVATE HOME DAYCARE MEDICAL FORM

CHILD INFORMATION

Surname: _____ Male Female
 Given Name(S): _____ Birth Date: _____ (D/M/Y)

DOCTOR/MEDICAL INFORMATION

Doctor's Name _____
 Address: _____
 Apt/Unit #: _____ City/Town: _____ Province: _____
 Postal Code: _____ Telephone Number: _____

HISTORY OF COMMUNICABLE DISEASE

- Chicken Pox Mumps Measles Whooping Cough Rubella (German measles)
 Hepatitis Scarlet Fever

IMMUNIZATION SCHEDULE

A copy of your child's yellow immunization schedule **MUST** be provided before starting Daycare.

DPTP-HIB4

MMR

2 months	4 months	6 months	18 months	4-6 year booster	12months	18 months or 5 year

ALLERGIES: If your child has an allergy(ies), please indicate below:

Allergy	Mild	Moderate	Severe	Life Threatening

If your child has a life threatening allergy please fill out Anaphylactic Action Plan prior to start date (**please ask Consultant for copy**).

MEDICAL CONDITIONS: If your child has asthma or any other medical condition such as epilepsy, diabetes, disabilities or reactions to drugs which could be a complicating factor (please inform Consultant).

MEDICATIONS: Is your child on any regular prescription medication? If yes, please describe _____

Date: _____ Signature of Parent/Guardian: _____