

Angel's 24 Hour
Childcare Application

Name of Child: _____

Date of birth: _____ Age: _____

Medical Numbers: _____ , _____

Address: _____ e-mail: _____

Parent/Guardian: _____

Phone: 1. _____ 2. _____ 3. _____

Emergency contacts: (People we can call and who can pick up your child)

_____ ph: _____

_____ ph: _____

_____ ph: _____

Care needed, please circle: FT PT Occasional Over-nights Evenings

Hours: from: _____ to: _____ days: _____

Start date: _____

Permission to apply bug repellent? Yes No

Permission to apply sun screen? Yes No

Any allergies? _____

Signature: _____

*See additional forms for Photograph and Transportation permissions.

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Child's Name: _____

Please list any allergies, health issues, or medications taken on regular basis:

Other health or behaviour issues? _____

Does your child have any particular fears? _____

Please list favourite foods: _____

Any particular dislikes? _____

What are some of your child's favourite toys or activities?

Anything else you'd like to add? _____
