Priscilla & Kids Company

Date

Priscilla and Kids Company Day Care

Child's Information

First name

Last name

Middle name

Date of Birth

Age

Place of Birth

Street address

Address line 2

City

Male or female?

- ◯ Female
- ◯ Male

Hours of child care required

- ◯ Full day
- ◯ Half-day morning
- ◯ Half-day afternoon
- ◯ Other

Days of the week required

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday

Do you require before or after school care?

- ◯ Before school
- ◯ After school
- ◯ Day time

Parent's Information

Parent's/Guardian's Name 1

Phone number

Place of work

Work phone

Email address

Parent's/Guardian's Name 2

Phone number

Place of work

Work phone

Email address

Emergency Contact 1
In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Emergency Contact 2
In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Other people authorised to pick up your child from school

First name

Last name

First name

Last name

Medical information

Doctor

Doctor's phone number

Dentist

Dentist's phone number

Preferred hospital

Insurance/health coverage

Please list any of the following: current medications, medication allergies, food allergies or chronic health concerns.

Parents'/Guardian's Signature_____Administrator's Signature_____

Please present the original and copies of the following documents along with this form:
Birth Certificate
Immunization Card
Passport Size Picture