



Little Leaf Daycare

905-568-4069 • 5685 Whittle Road, Mississauga ON L4Z 3P8 • littleleafdaycare.ca

ADMISSION FORM

PROGRAM Information

5 Days 3 Days 2 Days

Preferred Start Date:

CHILD Information

Last, First Name		Birthdate:		
		Month	Day	Year
Address:				
Number	Street	City	Postal Code	

PARENT Information

Father's Name		Address:		same as child <input type="checkbox"/>	Phone #:
		Number	Street	City	Postal Code
Email:					
Employer:		Address:			Work Phone #:
		Number	Street	City	Postal Code
Mother's Name		Address:		same as child <input type="checkbox"/>	Phone #:
		Number	Street	City	Postal Code
Email:					
Employer:		Address:			Work Phone #:
		Number	Street	City	Postal Code

If there is a Custody Agreement, please provide details and attach copy of court documents. N/A

EMERGENCY Information (Names of persons, other than parents, to be called in an Emergency - Children may be released to these persons)

Last, First Name	relation to child	Address:			Phone #:
		Number	Street	City	Postal Code
Last, First Name	relation to child	Address:			Phone #:
		Number	Street	City	Postal Code
Last, First Name	relation to child	Address:			Phone #:
		Number	Street	City	Postal Code

RELEASE Information (Names of additional persons to whom the child may be released - not emergency contacts)

Last, First Name	Phone #:
Last, First Name	Phone #:

MEDICAL Information (List all health concerns and allergies) N/A

		Epipen	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Puffer	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMERGENCY MEDICAL TREATMENT

Permission is given for Little Leaf Daycare staff to provide emergency first-aid or CPR in necessary circumstances. I understand Little Leaf Daycare will make every possible attempt to contact parents in an emergency, and that 911 may be called first depending on the severity of the situation.

Parent Signature: _____ Date: _____

This information is collected under the authority of the Child Care and Early Years Act, for the purpose of program administration. This information may be released for medical purposes.

INTERNAL USE ONLY

Admission Date:	Withdrawal Date:	Registration Fee:

Notes: