Date: _____   Date of Enrollment: _____

APPLICATION FOR CHILD ENROLLMENT

Child Name: _____

Phone: _____

Date of Birth: _____

Address: _____

Parents:

Mother's Name: _____

Phone Number: _____

Address: _____

Father's Name: _____

Phone Number: _____

Address: _____

WALKS

( ) I give permission for my child to participate in walking trips within the center neighbourhood.

Parent Signature: _____   **Date:** _____

POLICIES

I, (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home recorded

Information to Parent's Documents	Yes	No
Policy on the release of children	Yes	No
Philosophy of Discipline	Yes	No
Policy on the Management of illness/Communicable Disease	Yes	No

Parent Signature: _____   **Date:** _____