



THE CANDY FACTORY DAY CARE

1411 Bloor Street West, Toronto, On M6P 3L4

Child's Name	Child's Date of Birth D/M/Y	SUBSIDY #

IN CASE OF EMERGENCY CONTACT THIS PARENT FIRST:

Parent/Guardian's Name		Parent/Guardian's Name	
email:		email:	
Home Address:		Home Address:	
Home Phone #:		Home Phone #:	
Cell Phone #:		Cell Phone #:	
Work Phone #:		Work Phone #:	
Doctor's Name:		Doctor's Phone #:	
Doctor's Address:			
Does your child have any known allergies?	Y/N	Please list any allergies or food restrictions Is an Epi Pen Required ? Y N NA	
Does your child have any medical concerns?	Y/N	Please list all medical concerns	
Does your child have any special sleep requirements?	Y/N	Please list any special sleep requirements	
Is there a custody agreement in place?	Y/N	Custody agreement states.....	
Hand Sanitizer sign off	Y/N	Photograph consent sign off	Y/N

Person's to call in case of emergency and Authorized pick-up list.

Name:	Home #
Relation:	Alt #
Name:	Home #
Relation:	Alt #
Name:	Home #
Relation:	Alt #

Please note anyone picking up may be required to show photo ID. Names provided must match Photo ID presented

FOR OFFICE USE ONLY

Date of Admission	Daily Rate	Deposit required	Registration fee
D.O.W:		Deposit paid	Reg paid
Deposit/ Registration fee paid by: cash: _____ Cheque # _____ E-Transfer _____			