



ENROLLMENT FORM – CHILD (MAISON DES ENFANTS – FAMILY DAY HOME AGENCY)

(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

CHILD INFORMATION

LAST NAME: FIRST NAME:

DATE OF BIRTH : PLACE: COUNTRY:.....

GENDER: GIRL BOY

ADDRESS :

CITY: POSTAL CODE:

PARENT / GUARDIAN 1 INFORMATION

LAST NAME: FIRST NAME:

DATE OF BIRTH: PLACE: COUNTRY:.....

HOME ADDRESS:

TEL:

OCCUPATION.....

WORK ADDRESS..... TEL :

EMAIL ADDRESS.....

MARITAL STATUS: MARRIED SEPARATED COMMON-LAW PARTNER SINGLE

PARENT / GUARDIAN 2 INFORMATION

LAST NAME: FIRST NAME:

DATE OF BIRTH: PLACE: COUNTRY:

HOME ADDRESS:

TEL:

OCCUPATION:

WORK ADDRESS: TEL :

EMAIL ADDRESS:

MARITAL STATUS: MARRIED SEPARATED COMMON-LAW PARTNER SINGLE

CARE REQUIREMENTS

REQUESTED START DATE:/...../.....

NUMBER OF DAYS PER WEEK: 1 2 3 4 5

REQUESTED HOURS: FROM TO

CARE TYPE: FULL-TIME PART-TIME OCCASIONAL / AS-NEEDED

HEALTH AND EMERGENCY INFORMATION

ALLERGIES: YES NO (PLEASE SPECIFY)

TRAITEMENT MEDICAL: YES NO (PLEASE SPECIFY)

PRIMARY CARE PHYSICIAN:

EMERGENCY CONTACT PERSON:

PHONE NUMBER:

AUTHORIZATIONS

I AUTHORIZE THE DAYCARE TO TAKE ALL NECESSARY MEASURES IN THE EVENT OF AN EMERGENCY.

I authorize the daycare to take all necessary measures in the event of an emergency.

PARENT / GUARDIAN SIGNATURE

SCAN ME !



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DATE OF SIGNATURE