



## Enrollment for our placement list Prescott and Russell Licensed Home Child Care Agency

### Child

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_

### Parent 1

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Email address: \_\_\_\_\_

### Parent 2

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

### Daycare services preferred in which language?

English  French

### Communications preferred in which language?

English  French

### Attendance

Date of care needed: \_\_\_\_\_

Full day  Before / After school

Full time  Part time (\_\_\_\_\_ days per week)

Drop off time : \_\_\_\_\_ Pick-up time : \_\_\_\_\_

**Preferred Areas:**

- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
  - 5. \_\_\_\_\_
  - 6. \_\_\_\_\_
- Other ; \_\_\_\_\_

**Special medical conditions (food intolerance, allergies, special needs, etc.):**     Oui     Non

If you checked yes, please specify.

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**Additional information**

You can provide additional information about your child.

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**You will need to provide a photocopy of your child's up-to-date immunization record.**

*According to the Child Care and Early Years Act, 2014(CCEYA), every licensee shall ensure that before a child is admitted to a licensed child care center it operates or to premises where it oversees the provision of home child care the child is immunized as recommended by the local Medical Officer of Health.*

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Prescott and Russell Early Years Services**

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