

Auntie's House

Enrollment Form 2024-2025

Child's information-

Full name _____ Birthdate _____ Gender _____

Address _____

Family doctor _____ Contact number _____

Address _____

Is your child up to date on all immunizations? _____ PHN _____

Does your child have any medical conditions or require any medication? (if yes please list below)

Does your child have any special dietary needs or restrictions? (If yes please list below)

Does your child have any allergies of ANY kind? (If yes please list them below)

Does your child have ANY behavioral or emotional disorders or triggers we should be aware of?

(Please list any and all emotional triggers or behavioral tendencies so we may support your child)

Is your child still in diapers or pullups? _____

Does your child still require a nap? (If yes please describe their nap schedule and routine)

What are some of your child's favorite foods?

What foods will your child refuse to eat?

Are there ANY foods you would like introduced to your child or perhaps foods they refuse to eat that you wish they would?

Tell us about your child's favorite activities, hobbies and interests.

Are you comfortable with your child participating in Christmas, Halloween, Valentines and Easter related events?

Are you comfortable with your child participating in events related to animal care, such as; feeding/brushing chickens, rabbits, etc.?

Is there anything else you would like us to know about your child or any questions or concerns please list them below.

Parent Information

Guardian One

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

Email _____

Address (if different from child) _____

Approved to pick-up child? _____

Guardian Two

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

Email _____

Address (if different from child) _____

Approved to pick-up child? _____

Is there a court order or custody agreement in place for this child? If so please provide us a copy for our records.

Emergency contact

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

Approved to pick-up child? _____

Additional person(s) approved to pick-up your child:

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

PERSONS NOT PERMITTED ACCESS TO YOUR CHILD:

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

****Valid photo ID will be required from any person picking up your child****

Program information

Which program are you interested in enrolling your child in?

All Day 5 days per week (Monday-Friday) _____

All Day 3 days per week (Monday – Wednesday) _____

All Day 2 days per week (Thursday-Friday) _____

All Day Drop In (Monday- Friday, when available) _____

Payment Options

Do you require government subsidy?

If you require subsidy we will provide you with more information and begin your application if you are not already approved.

Fee Payment Instructions:

Interact E-transfer to;

admin@auntieslfc.com

Question: Childs First Name