

**Stirling Little Sprouts Before and After School Program**  
**APPLICATION FOR ENROLLMENT**

Please circle the specific times your child requires care in Stirling Little Sprouts...

Before School

After School

Before and After School

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Names of Brothers and/or Sisters: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Authorized Person(s) to pick up child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Information (Favourite activities/pets/etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In Case of Emergency (other than parent) contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

**FOOD ALLERGIES/SPECIAL DIET:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**School Use Only:**

Date Started: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

**MEDICAL FORMS**

**Child's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**(Please Include Doctor's Full Address)**

**Record of past communicable diseases:**

Measles/Mumps: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

Others (specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Condition/Prescribed Medication: ( Important for teachers to be aware of):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Serious Accidents: \_\_\_\_\_

Serious Illness: \_\_\_\_\_

Operations (if any): \_\_\_\_\_

Please describe any special needs in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**Permission Form**  
**Stirling Little Sprouts Childcare Program**

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**OUTINGS**

I give \_\_\_\_\_ permission to participate on nature walks and local area outings (places within walking distance of Stirling Little Sprouts). I understand that walks and playground are a part of our daily activities, weather permitting.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

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**MEDIA CONSENT**

I give my permission for my child \_\_\_\_\_ to be photographed (by teacher, other parents, and/or the newspaper) while participating in school activities. I give Stirling Little Sprouts consent to post such photos on social media and use these photos for advertising purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

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**PARENT HANDBOOK SIGN OFF**

I \_\_\_\_\_, have read and fully understand the policies and procedures listed in Stirling Little Sprouts Parent Handbook. If at any time the Supervisor, Staff or Board of Directors requires the parent handbook as proof of policy, I have read and fully understand what is required of me.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)