THE HUNGRY HIPPO CHILDCARE CENTRE

Enrollment Application – The Hungry Hippo Childcare Centre

Thank you for your interest in The Hungry Hippo Childcare Centre. Please complete the enrollment information below for each child you wish to enroll. Please submit the completed application in person or by email to sherry@thehungryhippo.ca

PARENT INFORMATION			
Parent/Guardian Name:		Home Phone Number:	
Address:			
Email:			
Place of Employment:		Work Phone Number:	
Work Address:			
Parent/Guardian Name:		Home Phone Number:	
Address: (If different from above):			
Email:			
Place of Employment:		Work Phone Number:	
Work Address:			

CHILD INFORMATION					
Name:				Health Card Number:	
DOB (mm/dd/yy):		Age:		Gender:	
Is the child currently receiving childcare? ☐ Yes ☐ No If no, has the child previously received childcare? ☐ Yes ☐ No					
Type of care: (Previous or current):	☐ Childcare/Daycare Centre ☐ Private School ☐ Home Daycare ☐ None				
Doctor's Name:				Doctor's Phone:	
Dentist's Name:				Dentist's Phone:	
Does the child take and regular medication(s)? ☐ Yes ☐ No					
If yes, please list the medications and reason for medications:					
Does the child have any allergies? ☐ Yes ☐ No					
If yes, please list and provide any important details regarding the child's reaction.					
Are there any concerns/issues regarding the child's health (seizures, asthma, vision, hearing, etc)? ☐ Yes ☐ No					
If yes, please list and describe:					

Any previous history of communicable diseases? ☐ Yes ☐ No
If Yes, please list.
Are there any concerns/issues regarding the child's development (behavior, speech, language, mobility, etc)? ☐ Yes ☐ No
If yes, please list and describe:
Does the child have any other individual needs (dietary restrictions, likes, dislikes etc)? ☐ Yes ☐ No
If yes, please list and describe:

HOURS OF CARE

Type of care:	Full Time Part-Time Full Days Half Days		
Number of days per week?		Indicate which days of the week (circle):	M T W T F
Indicate which days may be half days (circle):	M T W T F None		
Hours of care: (Ex: 8am to 4pm)		Estimated Start Date:	

EMERGENCY INFORMATION

Emergency Contact(s), other than parents:

1.	Name:		Relationship:	
Home Phone:			Work/Cell Phone:	
2.	Name:		Relationship:	
Home Phone:			Work/Cell Phone:	
3.	Name:		Relationship:	
Home Phone:			Work/Cell Phone:	

PICK UP INFORMATION

Persons authorized to pick up child, other than parents:

4.	Name:		Relationship:	
5.	Name:		Relationship:	
6.	Name:		Relationship:	
7.	Name:		Relationship:	

Signature of parent completing the enrollment.	
Signature:	Date:
OFFICE USE ONLY	

Admission Date:		Discharge Date:	