

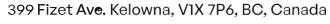
## **Jumping Jack Childcare Limited**

## **Enrolment Application Form**

<b>Child Information:</b>
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•	Child's Full Name:
•	Date of Birth:/
•	Gender: Male / Female / Other
•	BC Health Care Number:
<u>Paren</u>	t/Guardian Information:
•	Parent/Guardian 1 Full Name:
•	Relationship to Child:
•	Home Address:
•	City:
•	Postal Code:
•	Phone Number:
•	Email Address:
•	Parent/Guardian 2 Full Name:
•	Relationship to Child:
•	Home Address:
•	City:
•	Postal Code:







•	Phone Number:	
•	Email Address:	
Emer	gency Contacts:	
•	Emergency Contact 1 Name:	
•	Relationship to Child:	
•	Phone Number:	
•	Emergency Contact 2 Name:	
•	Relationship to Child:	
•	Phone Number:	
Medic	eal Information:	
•	Doctor's Name:	
•	Doctor's Phone Number:	
•	Medical Conditions/Allergies:	
•	Medications (if any):	
•	Special Dietary Needs:	
Additional Information:		
•	Preferred Start Date:/	
•	Days of Attendance: Monday / Tuesday / Wednesday / Thursday / Friday	

Preferred Schedule: Full-time / Part-time



<ul> <li>Any Additional Comments or Information:</li> </ul>
Declaration:
I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in the termination of my child's enrolment.
Parent/Guardian Signature:
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Date://