Jumping Jack Childcare Limited

Enrolment Application Form

Child Information:

- **Child's Full Name:** _____

- **Date of Birth:** _____ / _____ / _____

- **Gender:** Male / Female / Other

- **BC Health Care Number:** _____

Parent/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:** _____

Emergency Contacts:

- **Emergency Contact 1 Name:** _____

- **Relationship to Child:** _____

- **Phone Number:** _____

- **Emergency Contact 2 Name:** _____

- **Relationship to Child:** _____

- **Phone Number:** _____

Medical 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

- **Any Additional Comments or Information:**

_____

_____

_____

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: _____

Date: _____ / _____ / _____