

# The Children's House Application Form

Date of Application: \_\_\_\_\_

Hours Needed Per Day: \_\_\_\_\_

Last Name of Child (Print)	First Name of Child (Print)	Date of Birth
Mailing Address		Phone Number (    )
Indian Status Number of Child:	Health Card Number of Child:	

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Other Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_  
           Name: \_\_\_\_\_ Age: \_\_\_\_\_  
           Name: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contacts (other than parent or guardian):  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_

Please describe any food allergies, food restrictions or dietary needs/restrictions: \_\_\_\_\_  
 \_\_\_\_\_

Any other allergies: \_\_\_\_\_

Please describe any health concerns or conditions: \_\_\_\_\_  
 \_\_\_\_\_

Is your child receiving medication for any reason? \_\_\_\_\_

Has your child had any communicable diseases?  Yes  No

If so what?  Measles  Mumps  Chicken Pox  Other please specify: \_\_\_\_\_

What upsets your child, and what comforts him/her when he/she is upset, angry or ill? \_\_\_\_\_  
 \_\_\_\_\_

Is your child potty trained?  Yes  No

If yes, what words does your child use for toilet? \_\_\_\_\_

Is there anything else you feel we should know? \_\_\_\_\_  
 \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_