



1550 Front Rd.
LaSalle Ontario
N9J 2B6

WAITLIST

Child's Name: _____

Start Date: _____

ALL registration is based on FULL TIME ATTENDANCE (5 Full days Monday-Friday)

PROGRAM: **Toddler Room (16-36 mos)**

Casa Room (3-6 years)
Must be potty trained

- | | | | |
|---|----------------|---|------------------|
| <input type="checkbox"/> 5 Full Days | (9am-4:00pm) | <input type="checkbox"/> 5 Full Days | (9am-4:00pm) |
| <input type="checkbox"/> 5 Full Days Ext. | (up to 10 hrs) | <input type="checkbox"/> 5 Full Days Ext. | (up to 10 hours) |

Hours Required: Drop Off: _____ Pick Up: _____

* Preference will be given to Before & After School Students First

SCHOOL AGE ~ BUSSING PROGRAM

Name of Grade School _____

Before & After School Supervision ONLY

MONDAY - FRIDAY

Parent Drop Off: _____ Parent Pick Up: _____

Before School Supervision ONLY

MONDAY - FRIDAY

Parent Drop Off: _____ Bus Pick Up Time: _____

After School Supervision ONLY

MONDAY - FRIDAY

Parent Pick Up: _____ Bus Drop Off Time: _____



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Date of Birth: _____

Gender: _____

Child's Last Name: _____

Child's First Name: _____

Child's Home Address (Inc. Postal Code)

Parent's Address (if different)

Home Phone Number: _____

Mother/Guardian

Father/Guardian

Last Name: _____

First Name: _____

Employer's
Name: _____

Email Address

Work Phone: _____

Cell Phone: _____

Custody Arrangements (if applicable)

Are these custody arrangements pertaining to legal right of access to your child? **YES NO**

If **YES**, please provide a copy of the appropriate legal documentation (eg., court order)



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Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts etc)

YES NO

If yes, an individual plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substances ex. latex)? YES NO If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary Requirements - If any dietary restrictions, please note you must bring in your child's lunch daily

Please list any dietary requirements/restrictions(e.g., vegetarian, gluten-free etc.)

Health Information

If your child has had any history of communicable diseases (e.g. chicken pox, measles etc.) please list them below.

Does your child have any medical need(s) that requires additional support (e.g. Diabetes, ADHD)? YES NO

If yes, an individual plan for children with medical needs must be developed between the parent and the child care centre prior to the child's start date.

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocations etc.)