

Windsor Day Care Centre
236 Victoria Street, PO Box 211
Windsor, Nova Scotia B0N 2T0
902-798-2001
(fax) 902-798-3152
Email: info@windsordaycare.ca
www.windsordaycare.ca



Application Form

Full name of Child: _____

Address: _____

Health Card Number: _____ Expiry Date: _____

Age in year and months: _____ Sex: _____ Birth Date: _____

Mother's Name: _____ Business Phone: _____

Email address _____ Home Phone: _____

Father's Name: _____ Business Phone: _____

Email Address: _____ Home Phone: _____

Emergency Contact: _____ Phone Number: _____

Address: _____ Relationship to child: _____

Doctor's Name: _____ Phone Number: _____

Address: _____

Do you require a subsidization program? _____

Has your child (children) previously attended daycare? _____

If yes please give name of daycare centre: _____

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Family History:

Language(s) spoken at home: _____

Custodial Parent marital status: Married _____ Single _____ Separated/divorced _____

Mother's Occupation: _____ Father's Occupation: _____

Please list the other children in the household. First name (last name only if different)

1. _____ Age _____ 3. _____ Age _____
2. _____ Age _____ 4. _____ Age _____

Other Members living in the household: _____

Does your child have a room alone: _____ If not, they share with: _____

Behavior Patterns and Habits of Child:

Normal bedtime of your child: _____ Hours of sleep: _____

Usual wake up time in the morning: _____

Does your child wake up in the night: Frequently _____ Hardly Ever _____

Does your child have a nap in the day and for how long: _____

Toilet Trained: _____ (If no – You are required to provide diapers and wipes)

Does your child wet the bed at night: Regularly _____ Occasionally _____ Not at all _____

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Does your child have regular Bowel Movements and at what time of the day does it usually occur? _____ How many times during the day? _____

How does your child express their need to go to the bathroom:

Describe your child's particular attachments (e.g. toy, blanket, pet, person) and any particular habits (e.g. thumb-sucking, rocking):

Describe any particular fears your child has shown (e.g. to animals, loud noises, strangers):

Does the child display frustrations in trying to express their needs: _____

Describe how your child reacts to stressful situations (e.g. cries, withdraws, has tantrums, nightmares):

Describe your child's behavior and habits (e.g. temperament, energy level):

Describe your child's emotional, social growth, and development to this point:

Describe an ordinary day in your child's life, from getting up in morning to going to bed, including play, interests, activities, etc.:

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Does your child display any delay in speech, hearing, or physical development areas, if yes is he/she being followed by a professional:

Does your child dress themselves: _____ At what age did they start: _____

Does your child favor the right or left hand: _____

At what age did your child:

Sit alone: _____ Creep: _____ Stand alone: _____

Walk alone: _____ Sleep through the night: _____

Begin toilet training: _____ Completed toilet training: _____

List your child's favorite toys: _____

What activities do they enjoy playing: _____

Hours a day your child watches TV: _____ Favorite programs: _____

How much time per day does your child spend outdoors: _____

Who has cared for your child other than parents: _____

Has there been crying or anxious times: _____

Is there any other information that you feel the Day Care Centre should know about your child, to make the transition from home to school easier?

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We would appreciate your views on guiding your child's behavior and setting limits:

Dietary information:

The Windsor Day Care Centre is a nut free facility and no foods that contain traces of nuts are permitted in the centre.

Please list any **food** allergies that your child has: _____

What type of reaction if exposed to that food(s): _____

How is the allergic reaction treated: _____

Does your child have a **potentially deadly** allergy to a food: _____

What food is dangerous to your child: _____

Describe your child's diet (include types of food and fluids he or she is now taking):

Fluids/ Beverages: _____

Solids: _____

Diet restrictions (cultural, religious): _____

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Describe any particular concerns you have about your child's diet and/or eating habits: _____

Does your child have favorite foods: _____

What foods does your child dislike: _____

Does your child generally eat well, what foods would they eat at home for:

Breakfast _____ Lunch _____ Dinner _____

General Health:

<i>Immunization Record – Give Dates Y/M/D</i>					
	1 st	2 nd	3 rd	4 th	5 th
DPTP					
HIB					
MMR					
TdP					
IB					
Other					

Describe any difficulties or serious illnesses at birth, if any:

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Describe your child's general health (e.g. recurrent colds, ear infections, stomach-aches, etc.):

Are there presently any serious medical problems? Yes No

If your child is taking any medication, what medication and what is it for:

Has your child ever been to a dentist? Yes No

If yes, describe their experience _____

Name of Dentist and/or clinic: _____ Telephone: _____

Address: _____

Does your child have any allergies to **medications** or **contact allergies**?

Yes No

If yes, please list:

Is the allergy severe enough to require medication or emergency treatment?

Yes No

If yes, describe and detail any medications required:

Has your child any other medical conditions we should be informed about:

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(e.g. Eczema, Allergies, Bed wetting, Skin Disorders, Eye Problems, Asthma, Bronchitis, Prosthetic Devices, Hearing, Speech, Behavior Conditions, Hives, Etc.)

What is the usual procedure in administering to this condition:

Has your child had the following:

Measles _____ Mumps _____ Chicken Pox _____
Whooping Cough _____ Impetigo _____ Constipation Problems _____
Hepatitis _____ Tonsillitis _____ Scarlet Fever _____
High Fever _____ Others _____

Has your child been hospitalized in the past and for what reason:

I am willing for my child _____ to have medical attention and be taken to the hospital in the case of an emergency, if I/We cannot be reached.

Signature of Parent(s) or Guardian(s)

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The daycare centre operates from 6:30 AM to 5:30 PM . Children must be picked up on time and in case of sickness you will be contacted and they must be removed immediately.

Children's spaces are reserved and billed on a pre-registered basis. Fees and other information are included in the centre's policy manual. Payment is required one month in advance and once your seat is reserved you must pay for all designated holidays, sick days, absenteeism, storm days and vacation days.

The information I have provided is accurate and I will inform the daycare in writing of any changes. I have read the centre's policy manual and agree to abide by said policy.

Date Requested for Admission

Date of Signature Applying Parent's Signature

Date of Withdrawal

Reason for withdrawal