

Noah's Ark Childcare

APPLICATION FOR ENROLMENT

Child's Name: _____ D.O.B: Age at enrollment: _____ Sex: M / F

Time Arriving: _____ Time Leaving: _____ Required Start Date: _____

Service needed: Full Time or Part Time : (circle) Mon. / Tues. / Wed. / Thurs. / Fri.

Program: (circle) Infant / Toddler / Preschool Email: _____

Do you require assistance with fees (Subsidy-County of Wellington)? Yes / No

Does your child have special needs: Yes / No - If yes please disclose information on back of this page.

Anaphylactic Allergies:

A) Does your child have life-threatening allergies to foods, insect venom, medication or other materials? Yes / No

B) If your answer to the above question was yes,

1. Please indicate the substance to which your child is allergic: _____

2. Has a physician recommended that your child have an (EpiPen®) available for Centre use: Yes / No

Mother's Name: _____ Phone #: _____

Address & Postal code: _____

Place of Business: _____ Phone #: _____

Occupation: _____ Hours: _____

Father's Name: _____ Phone #: _____

Address & Postal code: _____

Place of Business: _____ Phone #: _____

Occupation: _____ Hours: _____

There is a \$30.00 non-refundable enrolment fee for each child payable upon enrolment. Should my child be withdrawn and re-registered at a later date, the fee (current rate) must be paid again.

There is a \$200.00 holding fee, which is payable once parents have been contacted to reserve the space for their child. This holding fee will be deducted from the parent's last fee once one months written notification of withdrawal is given once the child has attended the centre. If a parent withdraws their child prior to their child attending the centre and gives two months written notice, their \$200 holding fee will be reimbursed. If less than two months notice is given, the holding fee will be forfeited.

How did you hear about us?

Parent Guide Welcome Wagon Friends Other: _____

OFFICE USE ONLY!

Tour Date: Tour done by: _____ Arranged Start Date: Staff Int.: _____

\$30 Enrollment Fee Paid Date: Staff receiving payment: _____

\$200 Holding Fee Date: Staff receiving payment: _____

Parent signature: _____ Date: