



# ST. ANN'S ACADEMY

ESTABLISHED 1880

## CHILDCARE APPLICATION

### PERSONAL INFORMATION

Program Required \_\_\_\_\_ Days Required: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (dd/mm/yyyy)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please include a copy of your child's immunization record**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

BC Care Card Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone No. \_\_\_\_\_

### FAMILY INFORMATION

Mother/Guardian: \_\_\_\_\_ Resident in Home?: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Occupation/Place of Employment: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Resident in Home? \_\_\_\_\_ Home Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Occupation/Place of Employment: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Children attending St. Ann's Academy? \_\_\_\_\_

Address of Either Parent if Different From Above: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

### FAITH INFORMATION

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

### LEGAL INFORMATION

Legal custody alert in effect? \_\_\_\_\_ If yes, please provide a copy of an up to date court order.

### CONSENT INFORMATION

I give my consent for my child to be taken to the nearest emergency centre by ambulance if necessary if I cannot be contacted. I further agree to pay all costs incurred for transport.

I understand that acceptance into the childcare programs does not guarantee that my child will be accepted into Kindergarten at St. Ann's Academy.

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(dd/mm/yyyy)