



Natural Connections Childcare
Services and Support for Providers and Families

PARENT APPLICATION

PARENT/GUARDIAN INFORMATION

Name _____

Address _____

City/Town _____ Province _____ Postal Code _____

Phone # _____ Alternate # _____

E-mail _____

Employer _____

Address _____

Work # _____ Department _____

Name _____

Address _____

City/Town _____ Province _____ Postal Code _____

Phone # _____ Alternate # _____

E-mail _____

Employer _____

Address _____

Work # _____ Department _____



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CHILD INFORMATION

NAME OF CHILD	GENDER	DATE OF BIRTH	SCHOOL ATTENDING (if applicable)

Childcare Required

Please indicate which days you require care and the approximate hours needed on those days.

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS							

* If you require a more detailed explanation, please provide another page with days and hours required for each child.

What date do you need your child to start childcare? _____

Please check off which area you require childcare in:

- Almonte
 Carleton Place
 Lanark
 Montague
 Pakenham
 Perth
 Smiths Falls

Other _____

Has your child been in childcare before? Yes No

Health Concerns

Does your child have any known health concerns? Yes No

If yes, please describe: _____

Does your child have any known allergies? Yes No

If yes, please list allergens and any medications or special diet: _____



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Eating Habits

Are there any foods that should not be served to your child? Please list the food and reason:

Your child's favourite foods: _____

Your child's least favourite foods: _____

Behaviour

Does your child have any known behaviour concerns? (biting, tantrums, etc.) _____

How do you handle your child's behaviour concerns? _____

Does your child have any special needs? (speech delay, developmental delay, vision etc.)

What is your child's favourite indoor activity or toy? _____

What is your child's favourite outdoor activity? _____

Is there anything else about your child you would like to share? _____



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OFFICE USE ONLY

Received Date _____ Initial _____

Contacted Date _____ Initial _____

Match Visit Date _____ Initial _____

First Day Date _____ Initial _____

Provider Name _____ Initial _____