

MALLOW DAY CARE CENTRE LTD.
255 Donway East
North York, Ontario M3B 2Y8
Tel: (416) 446-1726

APPLICATION FOR ENROLLMENT

Child's Name: _____ *Date of Birth* _____

Child's Address: _____ *Telephone:* _____

Father's Name: _____ *Telephone:* _____

Father's Home Address: _____

Business Address: _____ *Business Telephone:* _____

Cellular Phone: _____

Mother's Name: _____ *Telephone:* _____

Mother's Home Address: _____

Business Address: _____ *Business Telephone:* _____

Cellular Phone: _____

Date of Application: _____

Date of Discharge: _____

Email Address: _____

Names of persons to whom child may be released:

EMERGENCY CONTACT

Name: _____ *Relation:* _____

Address: _____ *Tel. No.* _____

Family Doctor: _____ *Tel. No.* _____

Address: _____

OHIP Number: _____ *Name & Initial*
of OHIP Holder _____

Expiry Date: _____

In the event of an emergency, do we have your permission to call the nearest Doctor?

Yes ____ *No* ____

Signature

Date