



Point Pleasant Child Care Centre

APPLICATION FORM

5651 Ogilvie Street

Halifax, NS. B3H 1B9

Phone (902) 429-5239

CHILD'S INFORMATION		
Today's Date:	Facility:	
Child's Name:		
Date of birth:	Current Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female

MOTHER'S INFORMATION		
Mother's Name:		
Street Address:	City:	Postal Code:
E-mail address:		
Telephone Number:	Cell Number:	
Employer:	Work Phone Number:	
Occupation:		

FATHER'S INFORMATION		
Father's Name:		
Street Address:	City:	Postal Code:
Email address:		
Telephone Number:	Cell Number:	
Employer:	Work Phone Number:	
Occupation:		

PHYSICIAN'S INFORMATION	
Family Physician or Clinic:	
Address:	
Phone Number:	Child's Health Card Number:



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CARE REQUIREMENTS	
Service Requested: <input type="checkbox"/> Full – Day <input type="checkbox"/> Part – Week	Days Requested:
Please list members of the household including siblings:	
Has the child had previous group care experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where?	
OUTSIDE AGENCY INVOLVEMENT	
Is there any outside agency involvement? (i.e., Children`s Aid, Family Benefits)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list agency name, worker`s name, and telephone number.	

Preferred Method of Payment:	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Debit
	<input type="checkbox"/> Cheque	<input type="checkbox"/> Email Transfer	<input type="checkbox"/> Other

FOR OFFICE USE ONLY	
Facility:	Classroom:
Date of Admission:	Fee charged: \$
Fee Changes:	
Date:	Fee charged: \$
Date:	Fee charged: \$
Withdrawal Date:	Date notice received:
Reason for withdrawal:	
Exit evaluation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: