



**Deer Lake Child Care Inc.
Deer Lake East Early Years Care & Early
Intake Form**

Child's Name	
Child's nick name or preferred name	
Child's Birth date and gender	
Parent's Name	
Parent's Email	
Parent's Phone	
Parent's Name	
Parent's Email	
Parent's Phone	
Home Address	
Allergies	
Medical Concerns	
Developmental Concerns	
Care Card number, Physician's name and phone number	



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Important information you feel we should know about your child and your family																															
Emergency Contact Name (Other than Parent)																															
Emergency contact phone number.																															
Emergency contacts relationship to the child.																															
Your child will only be released to individuals whom are listed on this form. If there are others who may pick up your child, please list below. Please list their names as it appears on their identification as we may need to see it to be sure they are the authorized individual.																															
Name	Contact information																														
1.																															
2.																															
3.																															
Date you wish to have child start attending.																															
Times you wish your child to attend.	<table border="0"> <thead> <tr> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> </tr> </thead> <tbody> <tr> <td colspan="5"><u>Part-Day Program</u></td> </tr> <tr> <td>9:00 –12:00</td> <td>9:00 - 12:00</td> <td>9:00 - 12:00</td> <td>9:00- 12:00</td> <td>9:00-12:00</td> </tr> <tr> <td>12:00 1:00 – 4:00</td> <td>1:00-4:00</td> <td>1:00-4:00</td> <td>1:00-4:00</td> <td>1:00-4:00</td> </tr> <tr> <td colspan="5"><u>Full-Day Program</u></td> </tr> <tr> <td>7:30 -5:30</td> <td>7:30 -5:30</td> <td>7:30 -5:30</td> <td>7:30 -5:30</td> <td>7:30 -5:30</td> </tr> </tbody> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	<u>Part-Day Program</u>					9:00 –12:00	9:00 - 12:00	9:00 - 12:00	9:00- 12:00	9:00-12:00	12:00 1:00 – 4:00	1:00-4:00	1:00-4:00	1:00-4:00	1:00-4:00	<u>Full-Day Program</u>					7:30 -5:30	7:30 -5:30	7:30 -5:30	7:30 -5:30	7:30 -5:30
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Office Use Only:																															
Date of Intake From Received																															
Immunization Record																															
Deposit																															
Post Dated Cheques																															
Emergency Card																															
Parent Agreement																															