



**Child's  
World  
Day Care  
Centre**

**Fairview  
Family  
Homes**

**Child's World  
Program  
for School  
Aged Children**

Box 15  
Fairview, Alberta  
T0H 1L0  
10404 - 111 St

T: 780.835.2102  
F: 780.835.2106



Early Learning and  
Child Care Centre



**Alberta  
Approved  
Family  
Day Homes**

### CHILD APPLICATION and PROFILE

Date: \_\_\_\_\_

New Application

Renewal

Required Start Date \_\_\_\_\_

Drop-off time: \_\_\_\_\_

Pick-up time: \_\_\_\_\_

#### Child/Children Registrations:

Surname	Given Name	Birth date m/d/y	Sex	AB Health Care
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	

#### Mother/Guardian

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Box #: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

SIN#: \_\_\_\_\_

E-mail \_\_\_\_\_

Child's Residence:  Yes  No

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

#### Father/Guardian

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Box #: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

SIN#: \_\_\_\_\_

E-mail \_\_\_\_\_

Child's Residence:  Yes  No

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

#### EMERGENCY CONTACTS

Contacts MUST be from Fairview or surrounding area (From Dunvegan/Hines Creek/Brownvale)

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Relationship: \_\_\_\_\_

(780)835-4255

Persons other than yourself that are allowed to pick up your child/Children:

Name	Relationship to child

*\*\*Please note that identification may be asked for by providers before children are released.*

Persons **NOT** allowed access to your child/Children:

Name	Relationship to child

Reviewed and revised August 12, 2021

Ph: (780) 835-2102 E: office@fairviewdaycare.ca

10404-111 Street.; Box 15, Fairview, Alberta T0H 1L0

FAMILY PROFILE for: \_\_\_\_\_

In this section, we hope you will help us better understand your Culture and home life so we can better represent that here at our center.

Family Origin: \_\_\_\_\_

Languages spoke in your family? \_\_\_\_\_

Do you have family pets? If so what kind and what are their names:

\_\_\_\_\_

Do you live in town or out?

\_\_\_\_\_

We would like to support traditions from your home to daycare:

What holiday traditions does your family celebrate?

What Canada Day traditions does your family celebrate?

Special skills that you would like to share, Music, cooking crafting skills

What Halloween traditions does your family celebrate?

What kind of extra curricular activities does your family do?

How does your family celebrate birthdays?

Does your family have a favorite recipe? Would you share it if it's not a secret family recipe?

Does your family really enjoy sports, dance, music? What is your favorite?

Does your family speak any other languages besides English? What words or phrases in this language might he/she use?

Do you have any unique traditions in your family that you could tell us about?

We ask that all families provide a family picture for each child for use in each classroom.

Please send them to [office@fairviewdaycare.ca](mailto:office@fairviewdaycare.ca)

A selfie of your family will work great. Thank you so much