



# Service à l'enfance ALADIN Childcare Services

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ Email (optional): \_\_\_\_\_

RECENT  
PICTURE

Guardian's Name: \_\_\_\_\_  
Work/School Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Day phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Evening phone #: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
Work/School Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Day phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Evening phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

**EMERGENCY CONTACTS: MUST BE LOCAL**

Name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime phone #: \_\_\_\_\_