

MONARCH CHILD CARE SOCIETY
10210 – 108 AVENUE, EDMONTON, AB T5H 1A8

CHILD'S NAME: _____

NAME MOST COMMONLY USED: _____

PLACE OF BIRTH: _____

SISTERS AND/OR BROTHERS

NAME _____ AGE _____

NAME _____ AGE _____

OTHER HOUSEHOLD MEMBERS: _____

HAS YOUR CHILD HAD PREVIOUS CHILD CARE EXPERIENCE? _____

PARENT'S METHOD OF DISCIPLINE: _____

LANGUAGE SPOKEN AT HOME: _____

DOES YOUR CHILD NORMALLY NAP? (DAY CARE CHILDREN ONLY) PLEASE
GIVE APPROXIMATE TIME AND LENGTH OF AFTERNOON NAP _____

FURTHER CONSIDERATION NEEDED AS A RESULT OF RELIGIOUS HOLIDAYS,
FOOD HABITS, ETC. _____

COURT ORDER INFORMATION _____

Please provide legal documentation

ANY ADDITIONAL INFORMATION WHICH YOU FEEL WE SHOULD KNOW ABOUT
YOUR CHILD(REN) _____