

Apple Blossom Day Homes

DIVISION OF NICKEL ENTERPRISES LTD
20042 Kensington Postal Outlet
Medicine Hat, AB
T1A 8M4



UPDATE OF INFORMATION

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD'S HEALTH CARE NUMBER: _____

CHANGE OF ADDRESS: _____

CHANGE OF PHONE NUMBER: _____

MOTHER: _____ FATHER: _____

BUSINESS: _____ BUSINESS: _____

BUSINESS PHONE: _____ PHONE: _____

AS THE PROVIDER HAS SPENT TIME WITH YOUR CHILD TO DATE, SHE IS NOW AWARE OF HIS/HER LIKES, DISLIKES AND TENDENCIES. PLEASE LIST ANY RELEVANT CHANGES THAT NEED TO BE ADDRESSED (EG. CHILD'S HEALTH, CHANGE OF EMERGENCY CONTACTS, ETC).

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT, AND THAT THE ENROLLED CHILD IS IN MY LAWFUL CUSTODY.

PARENTAL SIGNATURE: _____ DATE: _____