



Application Date: _____ / _____ / _____
Month Day Year

Child Information

First Name: _____ Last Name: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Address: _____

Child Lives With: Parent/Guardian #1 Parents/Guardians

Parent/Guardian #1: *YOU ARE THE APPLICANT. CHILD LIVES WITH YOU.*****

First Name: _____ Last Name: _____
Mother Father Guardian or Other

Address: _____

Home Telephone Number: _____ - _____ - _____ Cell Telephone Number: _____ - _____ - _____

Business Number: _____ - _____ - _____ Email: _____

IMPORTANT: Confirmation of your application and the information provided on this form will be sent to this e-mail address because Parent/Guardian #1 is deemed to be the applicant and the person with whom the child lives.

Employment Status: Employed Student Other _____

Company/School: _____

Address: _____ Telephone Number: _____ - _____ - _____

You do not need to provide this information if you selected 'Other' as your current status.

Parent/Guardian #2: *YOU ARE THE APPLICANT. CHILD LIVES WITH YOU.*****

First Name: _____ Last Name: _____
Mother Father Guardian or Other

Address: _____

Home Telephone Number: _____ - _____ - _____ Cell Telephone Number: _____ - _____ - _____

Business Number: _____ - _____ - _____ Email: _____

IMPORTANT: Confirmation of your application and the information provided on this form will be sent to this e-mail address because Parent/Guardian #2 is deemed to be the applicant and the person with whom the child lives.

Employment Status: Employed Student Other _____

Company/School: _____

Address: _____ Telephone Number: _____ - _____ - _____

You do not need to provide this information if you selected 'Other' as your current status.



Children's Application

Medical

Doctor: Do you have a family doctor? Yes No

Name: _____

Address: _____

Telephone Number: _____ - _____ - _____

Health Card Number: _____ (Optional)

Requirements

Funding Status: Full Fee Subsidy Approved Subsidy Pending

Subsidy File Number: _____

Date Home Child Care Required: _____ / _____ / _____
Month Day Year

Days and Hours Home Child Care Required:

Monday Hours _____ (e.g. 7am to 6pm)

Tuesday Hours _____

Wednesday Hours _____

Thursday Hours _____

Friday Hours _____

Saturday Hours _____ Limited Availability

Sunday Hours _____ Limited Availability

School Child Attends: _____

Transportation Mode: Car Bus/Transit Other: _____

Special Requirements: _____

Date: _____ / _____ / _____ Parent/Guardian's Signature: _____
Month Day Year

OFFICE USE ONLY

Date Contacted: _____ Possible Provider: _____

Additional Information: _____
