



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.



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: \_\_\_\_\_

\_\_\_\_\_