



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 and Initial: \_\_\_\_\_ (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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_