

Early Learning & Child Care Centre
Program Application

CHILD'S INFORMATION:

Name of Child _____
Last First

Address _____
Street City Postal Code

Home Phone # _____ Birth Date _____
Month Day Year

Does Your Child Have Any Special Needs, Medications or Allergies?

PARENT / GAURDIAN CONTACT INFORMATION:

Name _____ Home Phone # _____

Address _____
Street City Postal Code

Work or School # _____ Cell # _____

AGENCY REFERRAL INFORMATION:

Agency Name _____ Agency Phone # _____

Contact Person _____

I understand that the above information is confidential and is for recruitment purposes only. I will be notified by telephone if my child has been accepted into the Early Learning Child Care Centre. If my child is selected, this information will be verified at a subsequent interview. I understand that it is my sole responsibility to update the Early Learning & Child Care Program of any changes to my child's information.

Parent / Gaurdian Signature _____ Date _____

Parent / Gaurdian Signature _____ Date _____