

APPLICATION FORM:

1. CHILD'S NAME:

Last Name	First Name	Middle Name/s				
Home (Mailing) Address:						
		Postal Code:				
Birthdate: (YYYY / MM	/ DD)//	_				
Gender: Male F	emale					
Birthplace:						
Applying for:						
□ Toddler Program	□ Preschool Program	□ Ј/К				
□ 3 Full-day (M/T/W)	□ 2 Full-day (TH/F)	□ 5 Full-day (M-F)				
Desired Date of Entrance	e://					

Hours of Care:

MON	TUES	WED	THURS	FRI	

2. PARENT/GUARDIAN INFORMATION

Parent/Guardian #1	
Last Name	First Name
Relationship to Child: _	
· · ·	lifferent from the child's full mailing address on previous page)
	Postal Code:
Phone:	2 nd Phone:
Email Address for corre	pondence:
Parent/Guardian #2	
Last Name	First Name
Relationship to Child: _	
Full Mailing Address (if	lifferent from the child's full mailing address on previous page)
	Postal Code:
Phone:	2 nd Phone:
Email Address for corre	spondence:

YESNO If YES, please provide a copy of the appropriate legal documentation (e.g., court order). Name(s) of custodial parent(s): 3. PARENT/GUARDIAN SIGNATURE Date of Application: (YYYY / MM / DD)/ Printed Name of Parent/Guardian completing this form: Signature of Parent/Guardian: Please return the completed form to: Karen Weyler – Childcare Supervisor Tel: 519- 265-8527 Email: kweyler@starseedlings.ca	Custody Arrangements (if applicable) Are there custody arrangements pertaining to legal right of access to your child?
3. PARENT/GUARDIAN SIGNATURE Date of Application: (YYYY / MM / DD) / Printed Name of Parent/Guardian completing this form: Signature of Parent/Guardian: Please return the completed form to: Karen Weyler – Childcare Supervisor	YES NO
3. PARENT/GUARDIAN SIGNATURE Date of Application: (YYYY / MM / DD)/ Printed Name of Parent/Guardian completing this form: Signature of Parent/Guardian: Please return the completed form to: Karen Weyler – Childcare Supervisor	If YES, please provide a copy of the appropriate legal documentation (e.g., court order).
Date of Application: (YYYY / MM / DD)	Name(s) of custodial parent(s):
Date of Application: (YYYY / MM / DD)	
Date of Application: (YYYY / MM / DD)/ Printed Name of Parent/Guardian completing this form: Signature of Parent/Guardian: Please return the completed form to: Karen Weyler - Childcare Supervisor	
Printed Name of Parent/Guardian completing this form: Signature of Parent/Guardian: Please return the completed form to: Karen Weyler – Childcare Supervisor	3. PARENT/GUARDIAN SIGNATURE
Signature of Parent/Guardian: Please return the completed form to: Karen Weyler – Childcare Supervisor	Date of Application: (YYYY / MM / DD)//
Please return the completed form to: Karen Weyler – Childcare Supervisor	Printed Name of Parent/Guardian completing this form:
Please return the completed form to: Karen Weyler – Childcare Supervisor	
	Signature of Parent/Guardian:
	Please return the completed form to: Karen Weyler – Childcare Supervisor
For Office Use Only:	

Received Time:

Registration Fee Paid:

Application Received Date:

Waitlisted:

CCD Signature: