SUNNYSIDE GARDEN DAYCARE CENTRE Child Care Application Form

Date of Application:	Approximate Start Date:
Child's Name:	Date of Birth:
Parent/Guardian 1:	Contact #:
Email Address:	
Parent/Guardian 2:	Contact #:
Email Address:	
Child's Home Address:	
City:	Postal Code:
Name of Parent/Guardian F	illing out Application:
Signature:	Date:
Program:	
g , g	no. – 30 mo.): Full Time Part Time (# of days) M Tu W Th F
, 6	Time Part Time (# of days) M Tu W Th F
	(4 - 6) Full Time Part Time (# of days) M Tu W Th F
School-Age (ages $6-10$): Fu	ll Time Part Time (# of days) M Tu W Th F
•	e accessed with a partnering family.
	ardians are encouraged to visit the Centre before filling out an application form.
	es too old for the program applied for (e.g. preschool room), the application is moved to e child qualifies for (e.g. school-age room).
space and give them two days (i.	t, the Director or her designate will call parents/guardians to inform them of the available e. 48 hours) to make a decision. In the instance when a voice message is left, wo days (i.e. 48 hours) to return the call and then an additional two days (i.e. 48 hours) to
Director's Name:	Signature:
Date Application Form Received	l: