



APPLICATION FORM FOR DAY CARE SERVICE

Please complete this form for the child requiring day care.

RETURN TO: Kenna Paul
Kindercircle Day Care Inc.
c/o Holland Bloorview Kids Rehabilitation Hospital
150 Kilgour Road
Toronto, ON M4G 1R8

Is either parent currently employed by Holland Bloorview Kids Rehabilitation Hospital?
Yes ____ No ____

Are you currently using other day care facilities for your child? Yes ____ No ____

When do you require day care? Month: _____ Year: _____

Where did you hear about Kindercircle Day Care? Internet Search ____ Facebook ____
Holland Bloorview Web Site ____ Advertisement ____ Past Family ____ Other _____

Day Care required is: FULL TIME: ____ PART TIME: ____

Days of the week part-time care required: _____

Flexible? Yes ____ No ____

Child's Name: _____
Surname Given Names

Child's Date of Birth: _____
(Or expected by) Day Month Year

Siblings: _____
Name Date of Birth School Attending
Name Date of Birth School Attending

Will you require a subsidy from Toronto Children's Services? Yes ____ No ____

If yes, has the subsidy been approved? Yes ____ No ____

File Number? _____

Parent's Name: Dr. ___
Mrs. ___
Ms. ___ Surname First Name
Miss ___
Mr. ___

Address: _____

Postal Code: _____

Home Telephone: (_____) _____ Business Telephone: (_____) _____

Business Address: _____

E-Mail Address: _____

Department at Workplace: _____

Hours of Work: _____

Parent's Name: Dr. ___
Mrs. ___
Ms. ___ Surname First Name
Miss ___
Mr. ___

Address: _____

Postal Code: _____

Home Telephone: (_____) _____ Business Telephone: (_____) _____

Business Address: _____

E-Mail Address: _____

Department at Workplace: _____

Hours of Work: _____

I understand that by completing this application form and forwarding it to Kindercircle Day Care Inc. confirmation of a reserved day care space in the Centre will be subject to appropriate space availability, and that employees of Holland Bloorview Kids Rehabilitation Hospital are given priority.

Signature of Parent or Guardian _____

Date _____

FOR OFFICE USE ONLY

Date application received: _____

Comments: _____
