

- Full Fee
- Subsidy – File #: _____
- Registration fee: _____
- SD _____ WD _____
- Program: _____



Heritage Home Child Care Services
 3015 Kennedy Road, Suite 203, Scarborough, ON M1B 1E7
 Ph: 416-754-8814 Fax: 416-754-8842
 Heritage.hcc@rogers.com

APPLICATION FOR CHILD CARE

Child's Name: _____ D.O.B. (M/D/Y) _____

Address: _____

Parent's/Guardian's Information:

Mother: _____ Cell #: _____

Home Phone: _____ Work Phone: _____

Address if different from child's: _____

Place of Employment (name and address): _____

Father: _____ Cell #: _____

Home Phone: _____ Work Phone: _____

Address if different from child's: _____

Place of Employment (name and address): _____

Emergency Information:

Please list who will be dropping off and picking up child: _____

Name, address, phone number and relation to child of person(s) to be contacted if parents/guardian cannot be reached:

1. _____

2. _____

Authorized person(s) who may pick up child with personal identification – (other than parents/guardians):

1. Name: _____ Relationship to child: _____

Address: _____

Phone (w): _____ (H) _____ (C) _____

2. Name: _____ Relationship to child: _____

Address: _____

Phone (w): _____ (H) _____ (C) _____

3. Name: _____ Relationship to child: _____

Address: _____

Phone (w): _____ (H) _____ (C) _____

Custody arrangements:

Do both parents have the right to remove child from child care program?

Yes _____ No _____

Doctor's Information:

Child's Physician (name and address): _____

_____ Phone: _____

Child's Health Card: (optional) _____

Additional Information:

School child attends: _____ *Phone:* _____

Will you be travelling to and from child care by: *Car* _____ *TTC* _____

Are you currently on any other waiting list? _____

DATE: _____ Parent/Guardian's SIGNATURE: _____