



APPLICATION FORM:

1. **CHILD'S NAME:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name                      First Name                      Middle Name/s

Home (Mailing) Address:

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthdate: (YYYY / MM / DD) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birthplace: \_\_\_\_\_

Applying for:

Toddler Program

Preschool Program

J/K

3 Full-day (M/T/W)

2 Full-day (TH/F)

5 Full-day (M-F)

Desired Date of Entrance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY / MM / DD

Hours of Care:

MON	TUES	WED	THURS	FRI		

## **2. PARENT/GUARDIAN INFORMATION**

### **Parent/Guardian #1**

\_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Relationship to Child: \_\_\_\_\_

Full Mailing Address (*if different from the child's full mailing address on previous page*):

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Email Address for correspondence: \_\_\_\_\_

### **Parent/Guardian #2**

\_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Relationship to Child: \_\_\_\_\_

Full Mailing Address (*if different from the child's full mailing address on previous page*):

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Email Address for correspondence: \_\_\_\_\_

**Custody Arrangements (if applicable)**

Are there custody arrangements pertaining to legal right of access to your child?

\_\_\_ YES \_\_\_ NO

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

**For Office Use Only:**

Application Received Date:

Received Time:

Waitlisted:

Registration Fee Paid:

CCD Signature: