



## APPLICATION FOR PRIVATE HOME DAYCARE

Please fax completed application form to (905) 270-9805

Or Email to [homecare@caringforkids.ca](mailto:homecare@caringforkids.ca)

A non-refundable Registration fee of \$50.00 is payable at the time of the personal interview.

### CHILD INFORMATION

Surname: \_\_\_\_\_ Male  Female   
Given Name(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_ (D/M/Y)  
Home Address: \_\_\_\_\_  
Apt/Unit # \_\_\_\_\_ City/ Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

### FIRST PARENT/GUARDIAN INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Apt/Unit #: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext. # \_\_\_\_\_  
Indicate: Cell  Pager  or both  \_\_\_\_\_

### SECOND PARENT/GUARDIAN INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Apt/ Unit #: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_ Ext. # \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Indicate: Cell  Pager  or both  \_\_\_\_\_

### CUSTODY INFORMATION

If your child is involved in a custody arrangement, please fill in the information below:

Are there any special arrangements pertaining to access/visitation? Yes  No

If you answered YES what are the arrangements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy of Custody Order Provided: YES

**EMERGENCY CONTACT # 1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**EMERGENCY CONTACT #2**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**DAYCARE REQUIREMENTS**

Date that is required: \_\_\_\_\_ (D/M/Y)  
 Main intersection: \_\_\_\_\_  
 Choose a Program: Full Time (10 hours per day) (5 days/week) Rate: \_\_\_\_\_  
                           Part Time (3/4 days per week) Days: \_\_\_\_\_  
                           Half Days (5 Hours or Less) 5 days /week \_\_\_\_\_  
                           Other: \_\_\_\_\_  
 Drop Off Time: \_\_\_\_\_ Pick-Up Time: \_\_\_\_\_  
 Fee Assistance Required  Receiving Fee Assistance  Fee Assistance Not Required   
 Check off what applies to you:  Non-Smoker  No Dogs  No Cats  Close to Home  
 Other: \_\_\_\_\_

Has your child attended Daycare previously?  YES  NO

If yes, where? : \_\_\_\_\_

**Personal Information**

I hereby consent to the collection, use and disclosure of my child's information by Caring For Kids Private Home for the purposes of providing child care services to my enrolled in Daycare. I understand that Caring For Kids –Private Home protects the privacy of all personal information in compliance with the privacy legislation.

Date: \_\_\_\_\_ (D/M/Y) Signature of Parent/Guardian: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_  
 Date of Interview: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Name of Caregiver: \_\_\_\_\_ Name of H.C.C. \_\_\_\_\_  
 Date of Withdrawal: \_\_\_\_\_ Reason for Discharge: \_\_\_\_\_

Caring for kids- Private Home 130 Dundas Street East, Suite 303, Mississauga, Ontario, L5A 3V8