



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

Via Email: kpaul@hollandbloorview.ca

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?

If Other, please specify:

Day Care required is: FULL TIME

Child's Name: Surname Given Name

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: \_\_\_\_\_  
Surname First Name

Address: \_\_\_\_\_

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

Cell Telephone: (\_\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Department at Workplace: \_\_\_\_\_

Hours of Work: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Surname First Name

Address: \_\_\_\_\_

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

Cell 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: