



Application Form

Applicant Information

Full Name:		
Date of Birth:	Gender:	
Current Civic Address:		
City/Community:	Province:	Postal Code:
Mailing Address (if different than above):		
City/Community:	Province:	Postal Code:

Parent or Guardian Information

Name Parent/Guardian #1:		Relationship to Applicant:
Current Civic Address:		
City/Community:	Province:	Postal Code:
Mailing Address (if different):		
City/Community:	Province:	Postal Code:
Home Phone:	Cell/Other Phone:	
Email address:		
Name Parent/Guardian #2:		Relationship to Applicant:
Current Civic Address:		
City/Community:	Province:	Postal Code:
Mailing Address (if different):		
City/Community:	Province:	Postal Code:
Home Phone:	Cell/Other Phone:	
Email address:		

Schooling Background

Daycare/Day Home/Preschool:	Currently Enrolled: Yes/No
Name and location of school:	
How many years/months attended:	
Number of days attended/attending per week:	
Other Information:	
Public School or Homeschool:	Currently Enrolled: Yes/No
Name and location of school:	
How many years/months attended:	
Number of days attended/attending per week:	
Other Information:	

Health Information

If applicable, what is your child's current diagnosis/diagnoses?:

Please list any other medical conditions, special needs, learning difficulties or behavioural challenges:

Please list any other areas of concern (this is a good point to list any goal or outcomes you are hoping to achieve with our program):

Program Information

Desired program: Primary Transition Co-Schooling Respite

Part-time or full-time?

Half days or full days?

If part-time and/or part days, please indicated which days/times:

Do you require any of the following:

Before care After care Before and After School Care

Transportation (please indicate all transportation needs)

Other:

Parent #1 Signature: _____

Parent #2 Signature: _____

Date: _____