



Child Care Application Form

Date of Application: _____

Name of Child: _____ **Date of Birth:** _____

_____ **Full Time (5 days per week) OR**

_____ **Part Time (2 or 3 days per week) – Preferred Days - M, T, W, R, F – (circle preference)**

Potential Start Date: _____

Home Address: _____

Parent /Guardian Name: _____ **Phone Number:** _____

Email address: _____

Home Address if different than above: _____

Parent /Guardian Name: _____ **Phone Number:** _____

Email address: _____

Home Address if different than above: _____

Please email to office@guelphkidscomefirst.com when form is completed.

You will be contacted during business hours Monday to Friday for confirmation that application has been received and what the next step will be.

1416 Gordon Street – Guelph, ON -N1L 1C8 – 519-763-9600

Email: office@guelphkidscomefirst.com

www.guelphkidscomefirst.com