

**KID'S TIME CHILDCARE
APPLICATION**

Today's Date: _____ Entry Date Wanted: _____

Mother/Guardian: _____

Address: _____ Postal Code: _____

Telephone: (home): _____ (Other) _____

Father/Guardian: (if applicable) _____

Address: _____ Postal Code: _____

Telephone: (home) _____ (Other) _____

Child's Name: _____ Sex: Male Female

Date of Birth: _____ Age (at present) _____

Program Required: _____

1. Your child's immunization must be up to date. Proof will be required prior to entry.
2. Upon your acceptance, a financial commitment of \$20 will be payable to guarantee a child care space be held for you. Upon commencing, this fee is refunded or applied to your monthly child care fees.
3. I have received a copy of the program fee schedule and hours of operation. I have read and understand the above agreement.

PARENT/GUARDIAN SIGNATURE:

Date:

CONTACTED (DATE)

COMMENTS

SEPARATE APPLICATION FOR EACH CHILD