

KIDS TIME CHILDCARE LTD.

APPLICATION

Contact Nicole Rugolo at 372-8453

Today's Date: _____ Entry Date Wanted: _____

Mother/Guardian: (if applicable) _____

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: _____

Days Required: _____

IF ATTENDING SCHOOL, WHICH SCHOOL WILL YOUR CHILD ATTEND: _____

IF ATTENDING SCHOOL, WHICH GRADE WILL YOUR CHILD BE IN: _____

1. Your child's immunization must be up to date. Proof will be required prior to entry.
2. Upon your acceptance financial commitment of \$100.00 will be payable to guarantee a child care space be held for you. This commitment fee is non-refundable and does not get applied to your first month 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

CONTACTED (DATE)

COMMENTS
