

Campus Child Care Co-operative of Guelph

2 South Ring Rd. West, Guelph, ON N1G 4Y2

(519) 822-1280/826-6927

APPLICATION FORM

Office Use Only:

Application Date: _____	Admission Date: _____	Withdrawal Date: _____
Admission Check: _____	Program: I___ T___ P___ SP___ K___	
Admission Check: _____	Schedule: FT___ M/W/F___ T/Th___	
Admission Check: _____	Orientation Date: _____	

Care Required: Full-time

Part-time M/W/F

Part-time T/Th

Start Date Requested: _____

Child's Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Male Female

Address: _____

Postal Code _____ Home Phone: _____

Siblings and Ages: _____

Does the child have any special diet, rest or exercise requirements? _____

Parent/Guardian Information:

Mother's Name: _____ Phone(h) _____

Home Address: _____ Phone(w) _____

Workplace: _____ Work Address: _____

Father's Name: _____ Phone(h) _____

Home Address: _____ Phone(w) _____

Workplace: _____ Work Address: _____

Signature of Parent/Guardian

Date