

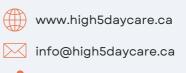


1434 ORR Terrace, Milton , Ontario L9E0B4

Child Care Application Form

Parent/Guardian 1 First Name:		Last Name:	Last Name:		
Address:			Unit:		
City:	Postal Code:	Province: _			
Home Phone:	Work Ph	none:			
Cell phone:	Email Address:				
Gender: Male □ Fema	le \square Other \square				
Relation to child:					
Employer Name / City:					
Parent/Guardian 2 First Name:		Last Name:			
Address:			Unit:		
City:	Postal Code:	Province: _			
Home Phone:					
Cell phone:	Email Apply RSPK				
Gender: Male \square Fema					
Relation to child:					
Employer Name / City:					
Custody Arrangement (If	applicable):				
Are you subsidized or app	olying for childcare sub	sidy? YES 🗆	NO 🗆		
Language spoken at hom	ie:				







1434 ORR Terrace, Milton , Ontario L9E0B4

Child Care Application Form

Parent/Guardian 1 First Name:		Last Name:	
Address:		Unit:	
City:	Postal Code:	Province:	
Home Phone:	Work F	Phone:	
Cell phone:	Email Address: _		
Gender: Male ☐ Fer			
Employer Name / City:			
Parent/Guardian 2 First Name:		Last Name:	
Address:		Unit:	
City:	Postal Code:	Province:	
Home Phone:	Work F	Phone:	
Cell phone:	Email Address: _		
Gender: Male □ Fer	nale 🗆 Other 🗆		
Relation to child:			
Custody Arrangement	(If applicable):		
		bsidy? YES 🗆 NO 🗆	
Language spoken at ho		-	





The agency will contact you to discuss your needs answer your questions and advise you of the registration fee





Home Daycare Provider Ap	plication form				
First Name:					
Last name:					
Gender: \square Male \square F					
Date of Birth: Click or tap	p to enter a date.				
Address:					
Unit: City:	Province:	Postal	Code:		
Phone Number:	Phone Number: Cell phone number:				
Email Address:		Years a	t this address:		
Childcare experience 1) Reason why you want to	provide home day care?				
2) Describe Any childcare experience:					
3) Are you currently runnin	g a day care at your hom	e: Yes: □	No: □		





4) List other work experience:					
5) Are you fully vaccinated for COVID: YES \square NO \square					
6) Are you a Registered Early Childhood Educator (RECE)? YES \Box NO \Box					
7) Do you have standard first Aid certificate and CPR Level C? YES \square NO \square					
8) How did you hear about us?					
9) What is your home type? \square House \square Apartment \square Townhouse					
10) Ownership: □ Own □ Rent					
Once you have completed this form, please contact High5 Daycare Inc. to inquire about the application process and the application fees.					