



## Niwasa Early Learning & Child Care Centre Program Application

### ***CHILD'S INFORMATION:***

Name of Child \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Postal Code

Home Phone # \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year

Does Your Child Have Any Special Needs, Medications or Allergies?  
\_\_\_\_\_  
\_\_\_\_\_

### ***PARENT / GAURDIAN CONTACT INFORMATION:***

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City Postal Code

Work or School # \_\_\_\_\_ Cell # \_\_\_\_\_

### ***AGENCY REFERRAL INFORMATION:***

Agency Name \_\_\_\_\_ Agency Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_

I understand that the above information is confidential and is for recruitment purposes only. I will be notified by telephone if my child has been accepted into the Niwasa Early Learning Child Care Centre. If my child is selected, this information will be verified at a subsequent interview. I understand that it is my sole responsibility to update the Niwasa Early Learning & Care Centre of any changes to my child's information.

Parent / Gaurdian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Gaurdian Signature \_\_\_\_\_ Date \_\_\_\_\_