



# CHILDREN'S VILLAGE AT KLONDIKE

## TODDLER/PRESCHOOL APPLICATION FORM

**2022**

**PLEASE PRINT CLEARLY**

Preferred Start Date:

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Please circle one:

Full Time (5 Days per week)		Part time (2-3 days per week)
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Child's Name

First Name	Last Name
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Birthdate

dd	mm	yr
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Address

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Home Phone Number

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Home Email

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Parent/Guardian #1

First Name	Last Name
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Home Address

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Home phone #

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Cell #

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Work phone #

---

Work email

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Parent/Guardian #2

First Name	Last Name
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Home Address

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Home phone #

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Cell #

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Work phone #

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Work email

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**Additional Information:** Please identify any needs/concerns your child has that might require additional attention [ie. Food allergies, physical restrictions, etc] in the space below.

Payment Options - please select one only!	<input type="checkbox"/> I currently receive a City of Ottawa child care subsidy and I would like to request a transfer to Children's Village of Ottawa Carleton. <input type="checkbox"/> I wish to apply for a City of Ottawa Subsidy. <input type="checkbox"/> I will be responsible for the full cost of the program.
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Signature of Applicant	
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Date	
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**Please Return this form**