



WSPR Daycare Application of Interest Form

***ALL FIELDS MUST BE FILLED OUT PRIOR TO SUBMITTING.**

Any incomplete forms will not be considered.

***PLEASE DOWNLOAD AND SAVE A BLANK COPY PRIOR TO FILLING OUT.**

Child's Information		
Name of Child: FIRST	LAST	
Gender:		
Date of Birth:		
Child's Age as of September 1 st , 2021:	YEARS	MONTHS

Mother/Guardian Information	Father/Guardian Information
Name:	Name:
Home Address: NUMBER AND STREET	Home Address: NUMBER AND STREET
City: Province:	City: Province:
Postal Code: Municipality:	Postal Code: Municipality:
Home Ph: Cell Ph:	Home Ph: Cell Ph:
Email:	Email:
Occupation:	Occupation:
Work Address: NUMBER AND STREET	Work Address: NUMBER AND STREET
City: Province:	City: Province:
Work Ph:	Work Ph:

Child's Medical Information

Please list any allergies your child has:

Are there any medical/physical conditions that will affect your child's participation in programs?

Does your child require extra support and qualify for funding through Support Child Development (QA)?

YES

NO

Preferred Drop Off /Pick Up Times

* Child can be in care for a maximum of 9 hours per day

<u>Drop Off Times</u>	<u>Pick Up Times</u>
7:30am-7:45am	3:30pm-3:45pm
7:45am-8:00am	3:45pm-4:00pm
8:00am-8:15am	4:00pm-4:15pm
8:15am-8:30am	4:15pm-4:30pm
8:30am-8:45am	4:30pm-4:45pm
8:45am-9:00am	4:45pm-5:00pm
9:00am-9:15am	5:00pm-5:15pm

Other Children in the Families' Information

Do you have other children in preschool, afterschool care or other WSPR programs? If yes, which programs?

General Information

1. Has your child been in a childcare setting before? YES NO

If yes, please provide the name of the childcare.

Why did they leave?

2. Does your child require nap time? YES NO

If yes, what time do they nap?

How long do they nap for?

3. Can your child use the toilet independently? YES NO

*Children will be required to be toilet trained by the start of the program.

4. Can your child dress themselves independently? YES NO

5. How does your child adapt to new situations?

6. What is your favourite activity to do as a family?

7. What are you hoping our program will provide for your child and your family?