

Family Application Form



Family Name

PH No. :

Date :

TYPE OF CHILDCARE REQUIRED

After school care Babysitter Summer Care Student Pickups

NUMBER OF CHILDREN

DO YOU HAVE PETS? YES NO

Do you require Full-time care?

YES
 NO

Hours?

Parent # 1 Contact Information :

First Name : Last Name :

Address :

Post Code : Phone No : E-Mail :

Parent # 2 Contact Information :

First Name:

Last Name:

Address only if different than Parent # 1:

Postal Code:

E-Mail:

Phone No:

Start Date?