



## 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:	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?**