

Welcome to Sunnybrook Crèche.
Thank you for your interest in considering
our Child Care Centre for your child.

Application Form

(Note: It is the Crèche's policy to activate applications once you call us to confirm date of birth).
Please complete one form for each child requiring care and return to the address above

Child's Name: _____ **Child's Birthdate:** _____
Surname Given Name Day Month Year

Family Information

Guardian's Name: _____

Address: _____

Postal Code _____ **Home Phone:** _____ **Business Phone:** _____

E-mail address _____

Business Address: _____ **Postal Code** _____

If Part-time, days of work: _____ **Hours of Work:** _____ **A.M.** _____ **P.M.**

Guardian's Name: _____

Address: _____

Postal Code _____ **Home Phone:** _____ **Business Phone:** _____

E-mail Address _____

Business Address: _____ **Postal Code** _____

If Part-time, days of work: _____ **Hours of Work:** _____ **A.M.** _____ **P.M.**

Other children in the family:

Name	Birthdate	Name	Birthdate
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Child Care Information

Is your child currently using a childcare facility? Yes No

Date child care is required at the Crèche _____

Financial Information

Are either you or your spouse currently employed by Sunnybrook Health Sciences Centre?

Yes No

Will you require subsidy from Toronto Children's Services? Yes No

If YES, has subsidy been approved? Yes No

A ONE TIME NON-REFUNDABLE Fee for each family is required to register your child(ren)'s name on the Crèche waiting list. Cheques are to be made payable to Sunnybrook Crèche.

[] \$75.00 enclosed (cheque or cash)

Fee information is available under Fee Schedule on the Website.

I understand that by completing this application form and forwarding this form and fee, confirmation of a reserved child care space in the Sunnybrook Crèche will be subject to appropriate space availability. This application form does not guarantee a space for your child in the Crèche. We have a waiting list of 1 to 2 years.

Upon Registration a fuller policy handbook will be given to you to read and sign.

Please update this application every 6 months with a phone call to keep our Waiting List current.

Signature of Parent /Guardian

Print Name

Date