Application for Enrollment (Continued)

Safe, Educational, Reliable.

PROVIDER:

What type of Provider are you looking for:

What type of home would you like your child to be placed in?

Do you or your spouse smoke? Do you have pets? What type?

PERSONAL:

Physician's Name: Phone: ( )

Address:

Persons to contact in an emergency if parents cannot be reached, and to whom child may be released.

Name: Phone: ( ) Relationship:

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SCHEDULE & LOCATIONS:

Hours of work: Days of work:

I need day care for the following days and hours:

Closest intersection to work:

Closest intersection to home:

Child's School (Name & Location):

GENERAL COMMENTS:

Please outline any additional comments or requirements regarding day care for your child:

How did you hear about Wee Watch?

Signature of Parent/Guardian Date

Application forms must be returned before interviews can be scheduled.
Please enclose a non-refundable cheque for registration and send to the address below.

FOR OFFICE USE ONLY:

Date child admitted: Date child discharged: