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[www.hesterhowelc.com](http://www.hesterhowelc.com)

## Application Form

For application to be kept active on the wait list, please contact us at six month intervals.

| FOR HESTER HOW ELC USE ONLY |  |
|-----------------------------|--|
| Date Application Received   |  |
| Received by:                |  |
| Date Child Admitted         |  |

|                          |   |                        |
|--------------------------|---|------------------------|
| Child's Name:            |   |                        |
| Address:                 |   |                        |
| DATE WHEN CARE IS NEEDED | DATE OF BIRTH   | EXPECTED DATE OF BIRTH |
| _____                    | _____   | _____                  |
| Month/Day/Year           | Month/Day/Year  | Month/Day/Year         |
| Other Requirements       | <input type="checkbox"/> Part-time (Days needed _____)<br><input type="checkbox"/> Subsidy (File # _____) |                        |

|                          |                     |
|--------------------------|---------------------|
| Parent/Guardian's Name:  |                     |
| Language Spoken:         | Other Language:     |
| Business/School Address: | Occupation:         |
| Email:                   |                     |
| Home Telephone:          | Business Telephone: |

|                          |                     |
|--------------------------|---------------------|
| Parent/Guardian's Name:  |                     |
| Language Spoken:         | Other Language:     |
| Business/School Address: | Occupation:         |
| Email:                   |                     |
| Home Telephone:          | Business Telephone: |

**Employer:**  City of Toronto OR  Other, please state: \_\_\_\_\_

|                            |  |
|----------------------------|--|
| How did you hear about us? | <input type="checkbox"/> Internet search _____<br><input type="checkbox"/> Ads (where) _____<br><input type="checkbox"/> Personal reference (by who) _____<br><input type="checkbox"/> Social media (Facebook/Twitter) _____<br><input type="checkbox"/> Other _____ |
|----------------------------|--|

Please help us to best meet the needs of your child by indicating whether your child has a severe allergy, or a medical condition or development delay, which is being monitored by a physician or therapist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_