

Hester How Early Learning Centre

100 Queen Street West,
1st Floor East Side City Hall
Toronto, Ontario M5H 2N2
416-392-7981

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 USE ONLY
Date Application Received:
Received by:
Date Child Admitted:

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

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

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Business/School Address:	Occupation:
Email:	
Home Telephone:	Business Telephone:

Employer: <input type="checkbox"/> City of Toronto OR <input type="checkbox"/> Other, please state:

Please share any other information that would be helpful for us to know about you or your child: _____

Parent/Guardian Signature: _____