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# 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:

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: \_\_\_\_\_

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 developmental delay, which is being monitored by a physician or therapist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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