



**APPLICATION FORM
EDEN DAYCARE INC.**

3051 Battleford Road
Mississauga, Ontario
L5N 5Z9
(905) 824-5153

**www.eden-daycare.com
info@eden-daycare.com**

DAYCARE PROGRAM FEES:

INFANTS: \$325.00/week
TODDLERS: \$275.00/week
PRESCHOOL: \$265.00/week

HOURS OF OPERATION: 7:00 AM - 6:00 PM

*** Fee subject to change**

_____

To be added to the wait list, please return this form to Eden Daycare Inc. along with the Personal Information Protection Form, signed Program Statement and signed Parent's Policy.

(PLEASE PRINT)

Full Name of Child: _____ Sex: _____ Birth Date: _____

Home Address: _____ Telephone: _____

City: _____ Postal Code: _____

MOTHER

Name: _____

Address: _____

Home Telephone: _____

Occupation: _____

Company Name: _____

Bus. Address: _____

City: _____ Postal Code: _____

Bus. Telephone: _____

Cell: _____ Pager: _____

FATHER

Name: _____

Address: _____

Home Telephone: _____

Occupation: _____

Company Name: _____

Bus. Address: _____

City: _____ Postal Code: _____

Bus. Telephone: _____

Cell: _____ Pager: _____

Please indicate which parent is to receive the tax receipt: Mother _____ Father _____

How did you learn about Eden Daycare Inc.? _____

Authorized Alternative Contact Person _____

(in case of an Emergency) Phone _____

The above named people have given consent to have their name and phone number used as the emergency contact.

Parents' Signatures: _____

Requested Date care to begin: _____

Office Use Only:

Date Changed to: _____

Date of Admission: _____ Room: _____

Date of Transfer: _____ Room: _____

Date of Transfer: _____ Room: _____

Date of Transfer: _____ Room: _____

Date of Transfer: _____ Room: _____

Date of Transfer: _____ Room: _____

Date of Discharge: _____

Date of Interview: _____

Application Received: _____

Registration Fee Received: _____

non-refundable

Access Date: _____