

Date Care is Needed to Start _____
(YYYY-MM-DD)

Date of Application _____
(YYYY-MM-DD)

Parent(s) Name _____

Address _____
Street and Number City/Town Province Postal Code

Contact Phone Number _____ Alternate Phone Number _____
(if applicable)

Email Address _____

Children Requiring Care

Name _____ Date of Birth yyyy-mm-dd _____

Name _____ Date of Birth yyyy-mm-dd _____

Name _____ Date of Birth yyyy-mm-dd _____

Days Required _____

Hours Required _____

Preferred Location _____

Pets _____

Allergies _____

Date of Referrals _____
(YYYY-MM-DD)

Referred to

Comments

Collection and use of personal information

Personal information is collected under the authority of Section 33(C) of the *Freedom of Information and Protection of Privacy Act* and will be used to determine a match between Day Home provider and child. If you have any questions regarding the collection, use or disclosure of this information, contact the Manager of Family Resource Services, Family and Community Services, Strathcona County at 780-464-4044.