



York University Co-operative Daycare Centre

Application Form

Child Information:

Child's First Name: _____

Child's Last Name: _____

Date of Birth: _____

Male [] Female []

Parent/Guardian:

First Name: _____

Last Name: _____

Address: _____

Apt #: _____ City: _____

Province: _____

Postal Code: _____

Home Phone #: _____

Cell Phone #: _____

E-Mail Address: _____

Parent/Guardian:

First Name: _____

Last Name: _____

Address: _____

Apt #: _____ City: _____

Province: _____

Postal Code: _____

Home Phone #: _____

Cell Phone #: _____

E-Mail Address: _____

Subsidy (if applicable): Most recent subsidy letter must be included to be registered. Client # is: _____

Do you require subsidy through the municipality: Yes [] No [] If yes, have you applied? Yes [] No []

Affiliation: York Student [] York Staff [] York Faculty [] CUPE # [] _____ Other []

Preferred Date of Enrolment: _____ Program: _____

Signature: _____ Date: _____ Time: _____

For Office Use Only:

Start Date: _____

Staff Signature: _____

Payment Received: Registration _____

Date _____

Staff Initials _____

Payment Received: Deposit _____

Date _____

Staff Initials _____