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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 ELC USE ONLY | |
|-----------------------------|--|
| Date Application Received | |
| Received by: | |
| Date Child Admitted | |

| | | |
|--------------------------|---|------------------------|
| Child's Name: | | |
| Address: | | |
| DATE WHEN CARE IS NEEDED | DATE OF BIRTH | 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: _____

| | |
|----------------------------|--|
| How did you hear about us? | <input type="checkbox"/> Internet search _____ <input type="checkbox"/> Ads (where) _____ <input type="checkbox"/> Personal reference (by who) _____ <input type="checkbox"/> Social media (Facebook/Twitter) _____ <input type="checkbox"/> Other _____ |
|----------------------------|--|

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 development delay, which is being monitored by a physician or therapist: _____

Parent/Guardian Signature: _____