



CHILD CARE APPLICATION

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
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Toll Free: 1.866.636.6666
F: 519.252.5873
www.jmccentre.ca

Date of Application: _____
(Month/Day/Year)

Child's Name: _____ D.O.B: _____
(Month/Day/Year)

Child's Address: Street: _____
City: _____ Postal Code: _____

Name Of Parent/Guardian(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Please indicate your preferred start date for enrolment: _____
(Month/Day/Year)

Please indicate below the expected days you anticipate you would like your child to attend.

(Hours of operation are Monday through Friday 7:30 a.m. to 5:30 p.m.)

	FULL DAY	HALF DAY (please indicate AM or PM)	
Monday	<input type="checkbox"/>	AM <input type="checkbox"/> 7:30 am-12 noon (includes lunch)	PM <input type="checkbox"/> 12:30-5:30 pm
Tuesday	<input type="checkbox"/>	AM <input type="checkbox"/> 7:30 am-12 noon (includes lunch)	PM <input type="checkbox"/> 12:30-5:30 pm
Wednesday	<input type="checkbox"/>	AM <input type="checkbox"/> 7:30 am-12 noon (includes lunch)	PM <input type="checkbox"/> 12:30-5:30 pm
Thursday	<input type="checkbox"/>	AM <input type="checkbox"/> 7:30 am-12 noon (includes lunch)	PM <input type="checkbox"/> 12:30-5:30 pm
Friday	<input type="checkbox"/>	AM <input type="checkbox"/> 7:30 am-12 noon (includes lunch)	PM <input type="checkbox"/> 12:30-5:30 pm

Drop Off (Please indicate your expected time of drop off): _____ AM PM

Pick Up (Please indicate your expected time of pick up): _____ AM PM

Please print this application, complete, and submit to the attention of Anita Hayes, Child Care Manager, John McGivney Children's Centre (JMCC), via one of the following:

- Email Anita.Hayes@jmccentre.ca
- Fax to 519.252.5873
- Mail to JMCC at the address noted above
- Drop off at JMCC reception desk

PLEASE NOTIFY THE CHILD CARE MANAGER IF THE INFORMATION IN YOUR APPLICATION NEEDS TO BE CHANGED.