PARENT INQUIRY





Dear Parent: Upon receipt of this completed Parent Inquiry, our team of Early

Childhood Education Specialist/Home Visitors will be working to find the right home for you and your child (ren). If we are able to identify a prospective caregiver for you, we will contact you and arrange for you to visit the caregiver's home. If we do not have a prospective caregiver available, we will place your application on our waiting list. If we have not placed your child (ren) by the date you have requested to start, please contact us to let us know if you would still like us to keep your application on the wait list.

Name:	€	e-mail Address:			
Address:	ress:			Postal Code:	
Nearest Intersection:					
Phone:	Cell Phone:		Work Phone: _		
Travel boundaries: East to:		West to:		_	
):				
Child's Name		Birthdate:			
Child's Name					
Child's Name		Birthdate:			
School & Hours:					
Care days required:		Hours requ	uired:	to:	
Date care required?	Sub	osidy File #		_ (if applicable)	
What are you looking for in	a childcare home? (Food	, playmates, routii	nes, language, progi	ramming)	
Does your child have any al	lergies, significant health	issues or behavio	ural needs?		
How do you feel about pets	being in the home?				
Are there any additional co	mments or requirements	regarding child ca	re for your child?		
How did you hear about DC	C?				
Date:		dayca	areconnection@bell	net.ca (416) 698-0750	