



HOUSING AND CHILDREN'S SERVICES

For more information contact 519-255-5312

APPLICATION FOR TARGETED EMERGENCY CHILD CARE FOR SCHOOL-AGE CHILDREN

Applicant Name:	
Address:	
Home Phone #:	Cell Phone #:
Email Address:	
Employer:	Job Title:

Name of Eligible Child(ren)					
Last Name	First Name	Date of Birth (dd/mm/yy)	Last Name	First Name	Date of Birth (dd/mm/yy)

Is your child currently attending child care? If yes, please provide location: _____

Preferred Child Care Location(s):

1. _____
2. _____
3. _____

Days Required for Child Care:

(Use an X to indicate days of need)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Additional Information (Special Needs/ Dietary Requirements)

Office Use Only:
Name of Child Care Centre to be used:
Name of Person Recording Information:
Date Information Was Recorded:

**Must meet eligibility requirements