

Ontario Works Early Learning and Care Application

Name of Parent(s):		Telephone Number:	
		Residence:	Business:
Current Mailing Address:		Physical Address:	

Family Composition - Adults and only children requiring Child Care

Name	Date of Birth	

Date:	Signature of Parent:
Date:	Signature of Administrative Support Clerk
Date:	Signature of KDSB - Manager of Children's Programs or Case Manager
EFFECTIVE DATE:	REVIEW DATE:

ELIGIBLE HOURS OF CARE REQUIRED:

- Employer: _____ Full-Time _____ Hours Part-Time _____ Hours
- Name of School: _____ Full-Time _____ Hours Part-Time _____ Hours
- Parent or Child Therapeutic: _____ Full-Time _____ Hours Part-Time _____ Hours

Days per week required:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Is full-time day care required for school-age children during school breaks? (i.e. P.D. days, Christmas, March Break, summer months)

Yes: No:

Child Care Provider: _____

Start Date: _____

Signature Ontario Works Case Manager

Date Referred