



INITIAL APPLICATION FOR ENROLLMENT FORM

Date of Application:		Time (if req'd):	Intake Staff Initials:
Child's Name:			
Child's Date of Birth:			
Desired Start Date:			
Parent(s)/Guardian(s):			
List any children from the same household currently attending Station Road:			
List all individuals with custody of the child:			
List names of all adults living with the child:			
List name and ages of all children living with the child:			
Phone:		Email:	
Address:			
Type of Care Wanted (check all that apply)		Full Time (Monday-Friday 9am – 3pm) Full Time with Extended Day (Monday-Friday max 7am – 6 pm) Indicate your drop-off time: _____ pick up time: _____ Part Time (2 days min 9am – 3pm) Indicate Days Desired: Mon Tues Wed Thurs Fri Part Time with Extended Day (2 days min 9am – 3pm) Indicate Days Desired: Mon Tues Wed Thurs Fri Indicate your drop-off time: _____ pick up time: _____	
		Participating – Board of Directors (voted on in May Annual General Meeting) Semi-Participating – Jobs associated with running Station Road (various avail) Non-Participating	
Type of Involvement Interested In (check all that apply)			

Any notes about your child that may affect the care they need:

Please indicate if you qualify or need more information about daycare subsidy? Yes No