****

**OFFICE USE ONLY**

**Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Discharged Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Application for Child Care**

|  |  |
| --- | --- |
| **Name of Child:** Click or tap here to enter text. | **Address:** Click or tap here to enter text. |
| **Birthdate** (dd/mm/yy)**:** Click or tap here to enter text. | **City:** Click or tap here to enter text. |
| **Date of Application** (dd/mm/yy)**:** Click or tap here to enter text. | **Postal Code:** Click or tap here to enter text. |
| **Date of Care Requested** (dd/mm/yy)**:** Click or tap here to enter text. | **Subsidized care:**   Yes    No |

**Days Requested:** Monday- Friday (Full Time):   Part Time:   Part time days requested:  M/W/F ☐  T/Th ☐

**At the present time, parent or guardian’s affiliation with McMaster University**:

Undergraduate Student:  Graduate Student:  Faculty/Staff:  Community Member/No Affiliation

*\*Undergraduate Students must provide proof of MSU membership to be placed on the Undergraduate waitlist.*

**Student Number (if applicable):** Click or tap here to enter text. *or you can attach letter of enrollment from Mosaic.*

|  |  |
| --- | --- |
| **Parent/Guardian Name:** Click or tap here to enter text. | **Relationship to Child:** Click or tap here to enter text. |
| **Phone #:** Click or tap here to enter text. | **Address:** Click or tap here to enter text. |
| **Work # :** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Parent/Guardian Name:** Click or tap here to enter text. | **Relationship to Child:** Click or tap here to enter text. |
| **Phone #:** Click or tap here to enter text. | **Address:** Click or tap here to enter text. |
| **Work # :** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |

**Allergies/Food Restrictions/Medical Concerns:**

Click or tap here to enter text.

**Parent/Guardian Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text.