

RYERSON EARLY LEARNING CENTRE

Phone: 416-979-5338

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Mailing Address: 350 Victoria Street, Toronto, ON M5B 2K3

APPLICATION FOR EARLY LEARNING & CARE SERVICES

Child Name: (Surname) (First Name)		Date of Birth or Due Date: (dd/mm/yy)	
Approximate Date Care Needed: (dd/mm/yy)		Care Required: <input type="radio"/> Full-time <input type="radio"/> Part-time	
Guardian #1: (Surname) (First Name)		Cell: () --	Business: () --
Email:			
Guardian #2: (Surname) (First Name)		Cell: () --	Business: () --
Email:			
Mailing Address of Applicant: Street City Postal Code			Home Phone Number: () --
Is either guardian currently affiliated with Ryerson? <input type="radio"/> Yes <input type="radio"/> No			
If yes: <input type="radio"/> Faculty <input type="radio"/> Staff <input type="radio"/> Student		Current Ryerson Identification Number:	
Additional information you would like to share about your child:			
PLEASE NOTE: completion of this application does not imply that the child care space will be available when needed. To keep the application active, you MUST contact Centre's administration every 6 (six) months to confirm your continued need for child care at Ryerson.			
I understand that the personal information on this form will be used for the purpose of determining eligibility and suitability for child care services including communicating with me from time to time about child care services at Ryerson Early Learning Centre. I understand that personal information may be disclosed to Metro Toronto Children's services for the purpose of verifying eligibility for a child care subsidy. By signing this form, I consent to the above describes treatment of personal information.			
(Signature of Guardian)		(dd/mm/yy)	