

New Dimensions Child Care
 10 Canada Drive
 St. John's NL
 A1E 5G9
 (709) 745-1995



Office Use Only Date Received: _____
--

APPLICATION

Please print and complete application. You may submit application via email, post, or hand delivery.

Child's Information

Child's Name	DOB (YYYY-MM-DD):
Address:	
MCP:	Gender:
Desired Start Date:	

Siblings

Name	Birthdate (YYYY-MM-DD)	School attended (if applicable)	Applying for New Dimensions Program?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach an additional sheet if needed. A separate application is required for each child applying for a New Dimensions Program.

Parent/Guardian Information

Parent/Guardian #1:	Relationship to Child:		
Address (if different from child):			
Home phone:	Cell phone:	Work phone:	
Email:			
Preferred means of contact (please circle one): EMAIL HOME PHONE CELL PHONE WORK PHONE POST			
Which of the following would you use to stay connected to New Dimensions? (Please circle all that apply.)			
TWITTER FACEBOOK WEBSITE NONE OF THESE			

Parent/Guardian #2:		Relationship to Child:	
Address (if different from child):			
Home phone:	Cell phone:	Work phone:	
Email:			
Preferred means of contact (please circle one): EMAIL HOME PHONE CELL PHONE WORK PHONE POST			
Which of the following would you use to stay connected to New Dimensions? (Please circle all that apply.)			
TWITTER FACEBOOK WEBSITE NONE OF THESE			

Alternate/Emergency Contact

Alternate/Emergency Contact Name:		Relationship to Child:	
Address:			
Home phone:	Cell phone:	Work phone:	
Email:			

PROGRAM OPTIONS

Infant Care (birth to 24 months)

- Full time

Toddler Care (24-36 months)

- | | |
|--|---|
| <input type="checkbox"/> Part time M/W/F mornings
<input type="checkbox"/> Part time T/Th mornings
<input type="checkbox"/> Part time mornings (M-F)
<input type="checkbox"/> Part time full days M/W/F
<input type="checkbox"/> Full time | <input type="checkbox"/> Part time M/W/F afternoons
<input type="checkbox"/> Part time T/Th afternoons
<input type="checkbox"/> Part time afternoons (M-F)
<input type="checkbox"/> Part time full days T/Th |
|--|---|

Pre-School (3 – 5 year olds)

- | | |
|--|---|
| <input type="checkbox"/> Part time M/W/F mornings
<input type="checkbox"/> Part time T/Th mornings
<input type="checkbox"/> Part time mornings (M-F)
<input type="checkbox"/> Part time full days M/W/F
<input type="checkbox"/> Full time | <input type="checkbox"/> Part time M/W/F afternoons
<input type="checkbox"/> Part time T/Th afternoons
<input type="checkbox"/> Part time afternoons (M-F)
<input type="checkbox"/> Part time full days T/Th |
|--|---|

After-school care (5-12 year olds)

- 5 Afternoons

ADDITIONAL INFORMATION

Does your child have any allergies or medical conditions? Yes No

If yes, please list: _____

Does your child have any individual considerations where he/she may require extra support? (i.e. speech, allergies, physical development, cognitive development, etc.) Yes No

If yes, please describe: _____

The information collected in this form will only be used by New Dimensions Child Care (the "Centre") for administrative purposes, including assessing and processing the application for potential enrollment in the Centre. This information will not be disclosed without your consent except as required by law. If you have any questions about this collection and use of your personal information, please contact Janice Adams (newdimensionschildcare@gmail.com).

I consent to the collection and use of my/my child's personal information in this application as described above:

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Please note this form is an application only and does not guarantee your child's registration in the Centre. Further information will be required once your child is offered a space in order to complete the registration process.

TO SUBMIT APPLICATION

1. Scan (or take photo with phone) and **EMAIL** to newdimensionschildcare@gmail.com.
2. **MAIL** to New Dimensions Child Care, Suite 464, Unit 50, Hamlyn Road Plaza, St. John's, NL, A1E 5X7.
3. **HAND DELIVER** to 10 Canada Drive, St. John's, NL.