

# New Dimensions Child Care

10 Canada Drive  
St. John's, NL A1E 5G9  
(709) 745-3692



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?

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:

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:

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**

Contact Name:	Relationship to Child:
Address:	Home phone:
Cell phone:	Work phone:
Email:	Preferred Means of contact:

**Program Options**

**Infant Care (birth to 24 months)**

- Full Time

**Toddler Care (24-36 months)**

- Full Time

**Pre-School (3 to 5 years)**

- Full Time

**After-School Care (5 to 13 years)**

- 5 Afternoons

**School Age Summer Camp (5 to 13) 150.00/week**

- 5 Days a Week (fees must be paid in advance)

## 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](mailto:newdimensionschildcare@gmail.com)).

I consent to the collection and use of 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.

It is also important to note that the waitlist does not go according to date applied. Although we strive to go in order of application, we also will accommodate younger siblings when possible. Birthdates are also a deciding factor, since we have to accommodate a certain age range per room.

## **TO SUBMIT APPLICATION**

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

*Edited March 27, 2019*