



*Freight House Early
Learning & Care Inc.*

505 Ross Ave. Winnipeg, Mb

R3A 1P5

Ph: 772-4107 Fax: 772-9289

APPLICATION FOR ADMITTANCE

Parent's Name: _____

Address: _____

Phone (home): _____ (work/school): _____

Child's Name: _____

Birthdate: _____

Medical Number: _____
(family number) (child's 9 digit number)

*Are you seeking full time or part time care? _____

*Date you will require care? _____

Fees are paid prior to the care being given. Dates of billings are set out by The Provincial Day Care Office in 4 week blocks. The day care will bill you accordingly. Fees paid more than one week late of the due date will be subject to suspension of care until fees are paid. The day care charges an additional \$2.00/day (outlined by Provincial Day Care) above subsidy which parents will be responsible to pay.

Parent's Signature: _____

For Office use only:

Date of Application: _____

Date of Enrollment: _____

Subsidy Approval Date: _____

First Billing Date: _____