



Prairie Dreams Learning Centre
 Box 24
 McLean, SK.
 S0G 3E0
pdlc-daycare@hotmail.com

Prairie Dreams Learning Centre Inc.

APPLICATION FORM

Please complete the application form and forward to the Daycare Centre at the address above.

PLEASE PRINT ALL INFORMATION

| | |
|--|---|
| Child's Last Name: | First Name: |
| Date of Birth (mm/dd/yy) | Gender: (please circle) Male Female |
| Parent/Guardian's Last Name: | First: |
| Date of Birth (mm/dd/yy) | Gender: (please circle) Male Female |
| Mailing Address: | City: |
| Postal Code: | E-mail: |
| Home Tel: | Business Tel: Extension: |
| Parent/Guardian's Last Name: | First: |
| Mailing Address: | City: |
| Postal Code: | E-mail: |
| Home Tel: | Business Tel: Extension: |
| Is Government Subsidy Required (please circle) Y N | |
| Child's Last Name: | First Name: |
| Date of Birth (mm/dd/yy) | Gender: (please circle) Male Female |
| Child's Last Name: | First Name: |
| Date of Birth (mm/dd/yy) | Gender: (please circle) Male Female |
| Indicate hours required: | |
| Full time: | Part time: |
| Preferred Date of Enrolment: | Date of Application: |

If more space is needed for additional children, please use the back of the form

***Please note – completing this application does NOT guarantee a space. Upon the assignment of the allotted spaces, Prairie Dreams Learning Centre will notify all applicants.

Thank you for your interest in PDLC