



Date: _____ Society Name: _____

Name of the Child Care Centre or Program: _____

Please use this form to enter child care licensed capacity and enrolment information.

Type of Service	Licensed Capacity	Current Enrolment	No. Children Served Per Month	No. Children on the Waitlist	Current Fees	Sept. Fees	
Group Child Care, Under 36 Months							
Group Child Care, 30 months to school age							
Type of Service	Licensed Capacity	Current Enrolment	No. Children Served Per Month	No. Children on the Waitlist	Current Fees	Sept. Fees	
Preschool Care							
Preschool – Days & Times Provided (check care applicable)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you offer preschool programs in July/August? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how days/sessions per week? _____							
Type of Service	Licensed Capacity	Current Enrolment	No. Children Served Per Month	No. Children on the Waitlist	Current Fees	Sept. Fees	
School Age Care							
What care is provided? (check care provided)	<input type="checkbox"/> Before & After School Care	<input type="checkbox"/> After School Care Only	<input type="checkbox"/> Professional Days	<input type="checkbox"/> Summer School Age Care			