



# APPLICATION FORM

P.O. Box 1475  
1004 Main Street  
Rosetown Saskatchewan S0L 2V0

Phone: (306) 882.4024  
Email: [director@rosetownkidkare.ca](mailto:director@rosetownkidkare.ca)  
[www.rosetownkidkare.ca](http://www.rosetownkidkare.ca)

**Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: _____	Full-Time <input type="checkbox"/>	Drop-In <input type="checkbox"/>
Date of Birth: _____	Requested Start Date: _____	Kindergarten Enrolment Date: _____

Name: _____	Full-Time <input type="checkbox"/>	Drop-In <input type="checkbox"/>
Date of Birth: _____	Requested Start Date: _____	Kindergarten Enrolment Date: _____

Name: _____	Full-Time <input type="checkbox"/>	Drop-In <input type="checkbox"/>
Date of Birth: _____	Requested Start Date: _____	Kindergarten Enrolment Date: _____

**Contact Information:**

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_

By submitting this application form, the Guardian stated above is requesting a **full-time and/or drop in space** at Rosetown Kid Kare for stated start date(s) and corresponding children.

Please note, a **monetary deposit** equivalent to one month's childcare is required to hold any full-time spot that will not be immediately utilized; due upon approval of application by Rosetown Kid Kare, and applied to first invoice.

Please reach out to the Director at 306-882-4024 or [director@rosetownkidkare.ca](mailto:director@rosetownkidkare.ca) if you have any questions, concerns, or require further clarification.