



Child Care Solutions Inc. Supply Staffing Service Registration Form

Information About Your Organization

Name of Centre/School (legal name): _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Phone Number: _____ Fax number: _____

Email Address: _____

Main Intersection: _____ Transit route: _____

Location of Centre: _____

(ie In a church, school or industrial mall, & entrance)

Do you provide paid breaks for supply staff? Yes ___ No ___

Please provide hourly rate of pay for a starting

ECE permanent staff _____

ECA permanent staff _____

Billing Address: (if different from above) _____

Hours of operation: _____ Capacity: _____

Age Groups: (check all that apply)

Infants _____ Toddlers _____ Preschool _____ JK/SK _____ School age _____

Is your organization Not for Profit? Y/N Is your organization unionized Y/N

Contact Information

Child Care Solutions Inc is open for staffing requests weekdays from 6:00 a.m. to 5:00 p.m. at **416-575-9158**, and 7:00 p.m.-10:00 p.m. Weekends from 12:00 p.m.-10:00 p.m.

We are committed to filling a shift for you in the evening or early morning and it is important that we advise you as soon as the shift is filled. Please provide us some information on how we can best reach you after hours.

Director/Supervisor Name _____ Home number _____

Client Signature

The undersigned acknowledges and agrees that this registration form and terms and conditions set out on a separate sheet, which the undersigned acknowledges having read, constitute a legally binding agreement between Child Care Solutions Inc. and the Client.

Authorized Signatory: _____ Date _____

I have authority to sign on behalf of the Client

Child Care Solutions offers additional services for our centres

Consultation Services to improve quality in your staff and centre.

Professional Development Workshops

Permanent staff recruitment