



# PROGRAMME SITE INFORMATION

Please copy and complete one form for each site operating

Organization Name: \_\_\_\_\_

Site/Programme Name: \_\_\_\_\_

Site/Programme Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Site/Programme Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

On-Site Contact: \_\_\_\_\_

Name Position

Contact # for public listing (if different from above): \_\_\_\_\_

**Hours of Operation** (please indicate hours for each day open only)

Monday	Tuesday	Wednesday	Thursday	Friday

**Months of Operation** (please check each month the programme is in operation only)

January     February     March     April     May     June

July     August     September     October     November     December

**Type of Programme**

- Licensed Child Care
- Authorized Recreation
- Authorized Camp
- School Board Operated Programme

<b>Completed by:</b> (Name-Please Print)	<b>Title:</b>
<b>Please mail or send electronic copies to:</b>  County of Wellington Children's Early Years Division Attention: Children's Early Years Clerk 138 Wyndham St. N. Guelph, Ontario N1H 4E8 <a href="mailto:CEYD@wellington.ca">CEYD@wellington.ca</a>	