



PROGRAMME SITE INFORMATION

Please copy and complete one form for each site operated

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

Completed by: (Name-Please Print)	Title:
Please mail or send electronic copies to: County of Wellington Children's Early Years Division Attention: Children's Early Years Clerk 129 Wyndham St. N. Guelph, Ontario N1H 4E9 CEYD@wellington.ca	