



City of  
**Peterborough**

**Social Services Division**

**Children's Services**

178 Charlotte Street; P.O. Box 4138  
Peterborough, ON K9J 8S1  
Phone: (705) 748-8830  
Fax: (705) 748-8858

**File Information Form**

**Parent/Guardian 1**

**Parent/Guardian 2 (if applicable)**

Name:	Name:
Marital Status:	
Address:	
Phone Number:	Phone Number:

Married, Common-Law or living in the same house? Both parents need to complete this section.

**Parent/Guardian 1 Name:**

Are you Employed?	Yes	No				
Employer Name:						
Work Schedule (list hours of work in the days you usually work):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Do you work irregular hours?	Yes	No				
Are you attending an education Program?						
	Full Time	Part Time				
Educational Institution Name:						

**Parent/Guardian 2 Name:**

Are you Employed?	Yes	No				
Employer Name:						
Work Schedule (list hours of work in the days you usually work):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Do you work irregular hours?	Yes	No				
Are you attending an education Program?						
	Full Time	Part Time				
Educational Institution Name:						

## Have there been any changes in your family?

I am/we are reporting the following changes regarding eligibility (i.e., family composition, address). Please check the boxes that apply. Please provide documents that show this change.

	Yes	No		Yes	No
I am/we are still living at the same address			I/we are still working/going to school full time		
In the last 6 months I/we have had the following financial changes  Salary Increase Salary Decrease Change of Work Schedule changes Changes in OW/ODSP			I/We are still working/going to school part time		
			I/We have had a change in our immediate family composition  Custody/visitation changes		
Please note changes:  _____					

I/We do certify that all the above information is true and correct and that I/we have included the required documents. I/We understand that, in the event that I/We misrepresent my/our circumstances, my/our file would be subject to a Fraud Review and Police Investigation.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

### Notice with Respect to the Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Day Nurseries Act. This information will be used by Social Services Division staff for the purpose of administering the services and programs prescribed or authorized under this act. For more information contact the Manager of Children's Services, or designate, at 178 Charlotte St, Peterborough, ON K9J 8S1 or by email at: [socialservices@peterborough.ca](mailto:socialservices@peterborough.ca)