

Happy Face Nursery School (Winchester & District) Inc.
Child Care Centres
P.O. Box 1155
504 St. Lawrence St.
Winchester, ON K0E 1W0
Ed.happyface@gmail.com 613-774-4707

EMPLOYEE INFORMATION

CONFIDENTIAL

FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

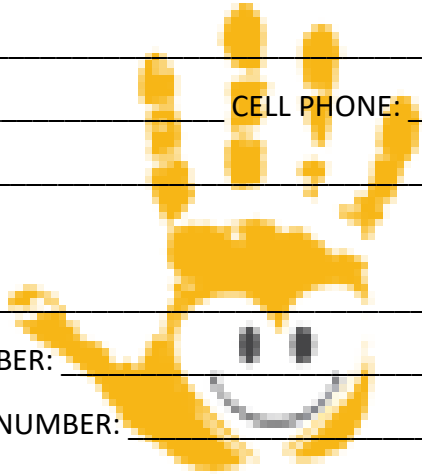
EMAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT'S PHONE NUMBER: _____

EMERGENCY CONTACT'S CELL PHONE NUMBER: _____

EMERGENCY CONTACT'S RELATIONSHIP TO EMPLOYEE: _____



OFFICE INFORMATION:

SOCIAL INSURANCE NUMBER: _____

DATE OF BIRTH: _____

DATE OF HIRE: _____

BENEFIT PACKAGE ELIGIBLE: _____

BENEFIT NUMBER: _____

HAPPY FACE
NURSERY SCHOOL

BANKING INFORMATION: (a Void Cheque is required)

NAME OF BANK: _____ LOCATION OF BRANCH: _____

ACCOUNT NUMBER: _____

BRANCH NUMBER: (3 DIGITS) _____ TRANSIT NUMBER: (5 DIGITS): _____