**GARDEN RIVER CHILD CARE CENTRE**

**APPLICATION FOR ENROLMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Information:** | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | Date of Birth: | |  | | | | |
| Program Applying: | | | | | Infant  Toddler  Preschool  Before and After School Program | | | | | | | | | | | | | | |
| Status: | | Yes  No | | | | | | Band Name: | | |  | | | | | | | | |
| Band Number: | | | |  | | | | | | | | | |  | | | | | |
| **Parent Information:** | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Name: | | | | | | |  | | | | | | | | | | | | |
| Home Address: | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | (*Please Put FULL Address*) | | | | | | | | | | | | | |
| Home Phone No.: | | | | | |  | | | | | | Cell No.: | | | | |  | | |
| Work/School Address: | | | | | | |  | | | | | Work/School No.: | | | | |  | | |
| **Other Information:** | | | | | | | | | | | | | | | | | | | |
| Date Care Is Required: | | | | | |  | | | | | | Days and Hours: | | | |  | | | |
| Previous Child Care: | | | | | |  | | | | | | | | | | | | | |
| *(Name of Agency of Informal Caregiver)* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Full Time Working Parent  Part Time Working Parent  Full Time Student | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Part Time Student  Referral (child)  Referral (parent) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Note: Please attach letters from referring agency and contact person(s) and read the agreement below.** | | | | | | | | | | | | | | | | | | | |
| *I understand that when a vacancy becomes available and my child’s name is next (for appropriate age program), every possible effort will be made to contact me. Once contact has been made, I will have two (2) working days to accept or decline the child’s space. If I choose to decline, I understand that it is my responsibility to reapply to the waiting list and wait my turn again. It is also my responsibility to contact Loah Souliere, Program Supervisor at the Garden River Child Care Centre, every six (6) months to express my continued interest in keeping my child’s name on the waiting list. If there is no continued contact, my child’s name will be removed from the list.* | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Signature:** | | | | | | | |  | | | | | | | **Date:** | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **\*OFFICE USE ONLY\*** | | | | | | | | | | | | | | | | | | | |
| **Date Received:** | |  | | | | | | | **Date Accepted:** | | |  | | | **Program:** | | |  | |
| **Recommendations:** | | | | | |  | | | | | | | | | | | | | |
| **Referral Statements:** | | | | | |  | | | | | | | | | | | | | |
| **No. of Children:** | | |  | | | | | | | **Accepted by:** | |  | | | | | | | |