

# GARDEN RIVER CHILD CARE CENTRE

## - APPLICATION FOR ENROLLMENT -

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrolling to Program:      Infant       Toddler       Preschool       School Age

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*(Please put full mailing address)*

Work/School Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work/School Phone No.: \_\_\_\_\_

Band Name & Number: \_\_\_\_\_

Date Care is Required: \_\_\_\_\_ Days & Hours: \_\_\_\_\_

Previous Child Care: \_\_\_\_\_

**Please check one of the following:**      Full-time Working Parent:       Part-time working parent:   
Full-time Student:       Part-time Student:       Referral (child):       Referral (parent):

**Note: Please attach supporting letters from referring agencies and contact person(s). Review the below information upon signing your application.**

I understand that when a vacancy becomes available and my child's name is next (for the 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 care 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 the child care centre supervisor every six (6) months to express my continued interest in keeping my child's name on the centre's 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: \_\_\_\_\_