

APPLICATION FOR ENROLMENT @ GARDEN RIVER CHILD CARE CENTRE

Name of Child: _____ Date of Birth: _____

Specify Program Applying: **Infant** **Toddler** **Preschool** **Before and After School**

Parents/Guardian Name: _____

Residential Address: _____

Work/ School: _____

Home Phone #: _____ Work/School #: _____

Band Registry #: _____

Date Care is Required: _____ Days & Hours: _____

Please check one of the following: Full-time Working Parent: Part-time Working Parent:

Full-time Student: Part-time Student:

*Please attach letter from referral agency and contact person (if applicable)

I understand that when a vacancy becomes available and my child's name is next (for the appropriate 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. It is my responsibility to contact the Program Supervisor every six (6) months to express my continued interest in keeping my child's name on the waiting list.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Date Received: _____ Program: _____

Notes: _____

Application accepted by: (staff initials) _____ Date: _____