|  |  |
| --- | --- |
| **Application For:** | |
| □ **Infant/Toddler Room**  **6 mths to 2.5 yrs** | □ **Zaagi-idiwin Aboriginal**  **Head Start Program/**  **Preschool Room**  **2.5 to 5 yrs** |

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AI-generated content may be incorrect.

821 McIrvine Road

Fort Frances, ON P9A 3X7

Phone 807-274-7244

Fax 807-274-8500

**Abinoojii Gamig Child Care Centre Wait List Application Form**

**Child’s Information**

|  |  |  |
| --- | --- | --- |
| Child’s Name: | | |
| Date Requiring Care to Begin: | | |
| Indigenous Ancestry:  □ Status First Nation □ Non-Status First Nation □ Metis □ Inuit □ Non-Indigenous    Other (please identify)**:**  If your child is Non-Status First Nation, please **identify the band** **or First Nation Community** they are associated with: | | |
| Birth Date or Due Date:  Month: \_\_\_ \_\_\_\_Day: \_\_Year: \_\_\_\_\_\_ | Age: at the time of completing application | Gender:  **□** Male **□** Female |
| Does your child need additional supports/special considerations regarding their development that you feel we should be aware of for your child to be successful in their programming?  Examples:   * A Diagnosed or suspected Condition   + attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), etc. * Difficulty regulating emotions (e.g., anger, frustration, excitement, sadness, fear, anxiety, happiness) * Speech/language delay (limited communication, challenges with communication, difficulty expressing needs)   □ No □ Yes - If yes, please briefly explain: | | |
| Does your child have any allergies or medical needs (please list). □ No □ Yes | | |
| Is your child toilet ready? □ No □ Yes  If no, when do you plan to begin training? | | |

**Parent/Guardian Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Primary Caregiver: | | Relationship to Child: | | | Phone Number: | | Employment Status:  And Location, if applicable: |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
| **Employment Status: F=Full Time P=Part Time U=Unemployed S=Training/School** | | | | | | | |
| Home Address: | Town: | | | Province: | | | Postal Code: |
| Home/Cell Phone: | | | Work Phone: | | | Work Phone (2nd Parent): | |
| Email Address: | | | | | | | |

|  |  |
| --- | --- |
| **Foster Parents Please complete:** | |
| Name of Agency: Phone Number: | Name of Worker: Phone Number: |

|  |  |  |  |
| --- | --- | --- | --- |
| Family Structure:   * Single Parent * Two Parent (Biological) * Two Parent (Parent/Step-Parent) * Adoptive Parents * Foster Parents * Other | | Annual Household Income:   * No Income * Less than $20,000 * $20,000 to $40,000 * $40,000 to $60,000 * Over $60,000 | |
| Number of People in Household: | Number of Children: | | Number of Adults: |
| Do you have another child currently enrolled in the Abinoojii Gamig Child Care Centre?  **□** Yes **□** No | | | |
| Do you have another child on our wait list? **□** Yes **□** No | | | |

|  |  |
| --- | --- |
| **Please initial each statement below:** | **Initial** |
| I understand that this is the first step in the application process and does not guarantee a space within the child care centre. |  |
| I understand that if my child is accepted into the Abinoojii Gamig Child Care Centre, I will be contacted to set up a registration visit to complete additional application/registration papers. |  |
| I understand that there are specific and mandatory selection criteria that must be met to be eligible for the Head Start/Preschool program. And that **it is not guaranteed that children who attended the infant and toddler programs will get a spot in the AHS program** UNLESS they meet the mandatory selection criteria and if there is a space available. |  |
| **Parent/Guardians Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Date Registration was Received:** | |
| **Registration Received By:** | |
| **Manager’s/Supervisor’s Signature:** | |

**Completed wait list application forms can be submitted via fax, email or in person. If your child is accepted into the Abinoojii Gamig Child Care Centre, we will contact you to set up a visit to complete additional registration information and to tour our facility. Please let us know if you have any updates to your contact information or would like to remove your child from the waitlist.**