



821 McIrvine Road  
Fort Frances, ON P9A 3X7  
Phone 807-274-7244  
Fax 807-274-8500

## Application For:

**Infant/Toddler Room**  
6 mths to 2.5 yrs

- Zaagi-idiwin Aboriginal Head Start Program/  
Preschool Room  
2.5 to 5 yrs

# Abinoojii Gamig Child Care Centre Wait List Application Form

## Child's Information

Child's Name:			
Date Requiring Care to Begin:			
Indigenous Ancestry:			
<input type="checkbox"/> Status First Nation <input type="checkbox"/> Non-Status First Nation <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Indigenous			
Other (please identify):			
If your child is Non-Status First Nation, please <b>identify the band or First Nation Community</b> they are associated with:			
Birth Date or Due Date: Month: _____ Day: _____ Year: _____	Age: at the time of completing application	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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?			
<b>Examples:</b> <ul style="list-style-type: none"> <li>• A Diagnosed or suspected Condition           <ul style="list-style-type: none"> <li>○ attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), etc.</li> </ul> </li> <li>• Difficulty regulating emotions (e.g., anger, frustration, excitement, sadness, fear, anxiety, happiness)</li> <li>• Speech/language delay (limited communication, challenges with communication, difficulty expressing needs)</li> </ul>			
<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please briefly explain:         			
Does your child have any allergies or medical needs (please list). <input type="checkbox"/> No <input type="checkbox"/> Yes			
Is your child toilet ready? <input type="checkbox"/> No <input type="checkbox"/> 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:
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Home/Cell Phone:	Work Phone:	Work Phone (2 <sup>nd</sup> Parent):
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Email Address:

**Foster Parents Please complete:**

Name of Agency: Phone Number:	Name of Worker: Phone Number:
Family Structure: <ul style="list-style-type: none"> <li><input type="radio"/> Single Parent</li> <li><input type="radio"/> Two Parent (Biological)</li> <li><input type="radio"/> Two Parent (Parent/Step-Parent)</li> <li><input type="radio"/> Adoptive Parents</li> <li><input type="radio"/> Foster Parents</li> <li><input type="radio"/> Other</li> </ul>	Annual Household Income: <ul style="list-style-type: none"> <li><input type="radio"/> No Income</li> <li><input type="radio"/> Less than \$20,000</li> <li><input type="radio"/> \$20,000 to \$40,000</li> <li><input type="radio"/> \$40,000 to \$60,000</li> <li><input type="radio"/> Over \$60,000</li> </ul>

Number of People in Household:	Number of Children:	Number of Adults:
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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

<b>Please initial each statement below:</b>		<b>Initial</b>
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 <b>it is not guaranteed that children who attended the infant and toddler programs will get a spot in the AHS program</b> 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.