

**M'CHIGEENG BINOOJIIH GAMGOONHS**  
4 Assance Drive, M'Chigeeng ON P0P 1G0  
PO Box 298

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**WAITING LIST APPLICATION**

**Child Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Band Name: \_\_\_\_\_ Status #: \_\_\_\_\_

**Program Selection**

- Infant (6-18 months)
- Toddler (18 months - 2.5yrs)
- Pre-schoolers (2.5-6yrs)
- Kindergarten (Before & After Care: 7:30-8:30am & 3:15-5:00pm)
- School Age (Before & After Care: 7:30-8:30am & 3:15-5:00pm)

**Parent Information:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Hours of work: \_\_\_\_\_ Hours of work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Days/hours requested for childcare:  
\_\_\_\_\_

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***To enter your child's name on our waiting list, please forward your completed form to the Daycare Centre by mail, fax, email, or in person at your earliest convenience.***

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*For office use only*

Intake Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***Please Note – M'Chigeeng Band Members will be given priority for services; however, if spaces allows, a Non-Band Member will be offered the services. In the event a M'Chigeeng Band Member requires the space being occupied by the Non-Member, the Non-Member will be given a two-week notice to termination of services and/or find alternate care.***

***We have established this waiting list request form as part of the enrolment intake. Once you return this form and it is on file, we will keep you informed of where your child is on our waiting list. We will contact you as soon as there is an opening. Miigwetch 😊***