



McNicoll Avenue Child Care Program Waiting List Form

Date of placement on the waiting list: _____
(today's date)

Office Use Only:

<input type="checkbox"/> Subsidized - file #: _____	<input type="checkbox"/> Tour booked for: _____
<input type="checkbox"/> Applying for subsidy? _____	<input type="checkbox"/> Tour completed: _____
<input type="checkbox"/> Full Fee _____	<input type="checkbox"/> Forms provided: _____

Information:

Child #1

Name: _____
First name Last name

Birth Date: _____ / _____ / _____
Day Month Year

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Infant | <input type="checkbox"/> Boy |
| <input type="checkbox"/> Toddler | <input type="checkbox"/> Girl |
| <input type="checkbox"/> Preschool | |

Child #2

Name: _____
First name Last name

Birth Date: _____ / _____ / _____
Day Month Year

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Infant | <input type="checkbox"/> Boy |
| <input type="checkbox"/> Toddler | <input type="checkbox"/> Girl |
| <input type="checkbox"/> Preschool | |

Mother's Information

Name: _____
First name Last name

Home Phone #: _____

Mobile #: _____

Home Address: _____

Work # _____

Email Address: _____

ext. _____

Student? If so where? _____

Maternity Leave? Specify date returning to work. _____

Father's Information

Name: _____
First name Last name

Home Phone #: _____

Mobile #: _____

Home Address: _____

Work # _____

Email Address: _____

ext. _____

Student? If so where? _____

When is care needed? _____

Notes: