

M'CHIGEENG FIRST NATION DAYCARE

Waiting List Request Form

4 Assance Drive, P.O. Box 298
M'Chigeeng, On P0P 1G0

Phone: 705-377-5383

Fax: 705-377-4377

Email: denised@mchigeeng.ca

Child Information

First Name: _____

Last Name: _____

Date of Birth Month: _____

Day: _____

Year: _____

Program Selection

- Infant (0 - 18 months)
- Toddler (18 months - 2.5 years)
- Pre-School (2.5 - 4 years)
- Junior Kindergarten (4 years)
- Senior Kindergarten (5 years)
- School Age (6 - 12 years)

Pending Available Space

Start Date: _____

Start Date: _____

Start Date: _____

Start Date: _____

Start Date: _____

Start Date: _____

Parent Information

Mothers Name: _____

Fathers Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Civic Address: _____

Civic Address: _____

Mailing Address: _____

Mailing Address: _____

Email Address: _____

Email Address: _____

Parents Hours of Work: (Mother) _____

(Father) _____

Days Requested: _____

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

For Office Use Only

Intake Date: _____

Signature: _____

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