

Auntie's House

Waitlist Form

Child's information

Full name _____ Birthdate _____ Gender _____

Address _____

Does your child have any medical conditions or require any medication? (if yes please list below)

Does your child have any special dietary needs or restrictions? (If yes please list below)

Does your child have any allergies of ANY kind? (If yes please list them below)

Parent Information

Guardian One

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

Address (if different from child) _____

Guardian Two

Full Name _____ Relationship to child _____

Contact number _____ Secondary contact number _____

Address (if different from child) _____

Program information

Which program are you interested in enrolling your child in?

All Day 5 days per week (Monday-Friday) _____

All Day 3 days per week (Monday – Wednesday) _____

All Day 2 days per week (Thursday-Friday) _____

All Day Drop In (Monday- Friday, when available) _____

PREFERRED START DATE _____

Subsidy Information

Do you require subsidy by way of the Affordable Childcare Benefit ? _____

Have you already been approved for the Affordable Childcare Benefit? _____