

PLEASE SELECT ALL THAT APPLY

- Sibling
- GACC & M Staff
- Returning Family
- New Applicant



Glen Abbey Child Care & Montessori Centre
 Child Care Wait List - Application Form

FOR ADMINISTRATIVE USE ONLY

Application Rec'd Date: _____
 Receipt Number _____
 Renew Date _____

Child's Information

First Name:	Last Name:
Preferred Name:	Date of Birth:
Home Address:	

When do you require care for your child? Year: _____ Month: _____

There is no fee to join our waiting list. Once we have a space, we will contact you and give you the option of taking the space or remaining on our waiting list. Once you have confirmed a place, we ask for a one time registration fee of \$25.00 (twenty-five dollars) and the first two weeks fee, that will be applied towards your first two weeks of childcare. The advance fee payment is to save the space for your child and ensure it is not given away.

What is your child care need?			
Toddler Care	___ FT: 5 Days a week		
Preschool	___ FT: 5 Days a week	___ PT: 3 Days a week (MWF)	___ FT: 5 Days a week (T & TH)
CASA Montessori	___ FT: 5 Days a week	___ PT: 3 Days a week (MWF)	___ FT: 5 Days a week (T & TH)
School Age Care	___ Before & After School Care	___ Morning Care	___ Afternoon Care

Any Allergies and/or other restrictions:

Parent/ Guardian Information

Parent 1:		
First Name:	Last Name:	Email Address:
Phone Number:		Alternate Number
Parent 2:		
First Name:	Last Name:	Email Address:
Phone Number:		Alternate Number