

PLEASE SELECT ALL THAT APPLY

- Sibling
- GACCM 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: (yyyy/ mm/ dd)
Home Address:	
Any Allergies and/ or other restrictions:	

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 <input type="checkbox"/>		
Montessori/Play based Hybrid (preschool)	FT: 5 Days a week <input type="checkbox"/>	PT: 3 Days a week (M/W/F) <input type="checkbox"/>	PT: 2 Days a week (T/ THU) <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Age	Before & After School Care <input type="checkbox"/>	Morning Care <input type="checkbox"/>	Afternoon Care <input type="checkbox"/>

Parent/ Guardian Information

Parent/ Guardian 1			
First Name:	Last Name:	Phone Number:	Alternative Number:
Email Address:			
Parent/ Guardian 2			
First Name:	Last Name:	Phone Number:	Alternative Number:
Email address:			