

## Collingwood Neighbourhood House CHILD CARE WAITING LIST APPLICATION

Entry Date Wanted:				
Age Group:				
ELCC (3 to 5 years)	☐ Collingwood ☐ Collingwood ☐ Terry ☐ Sarah House ☐ Collingwood:	ngwood efore & After C	Care <u>OR</u> After Care only)	
Type of Care Required: ☐ Full Time 5 days/week - Monday - Friday ☐ Part Time 3 days/week - Monday/ Wednesday/ Friday ☐ Part Time 2 days/week - Tuesday/Thursday				
Child's Name:	ne Last name	Male/Fen	nale Birthdate:	
				·
Address	Ci	ty	Postal Code:	
Parent/Guardian:	Home/Cell Phone:		Work/Cell Phone:	
Parent/Guardian:	Home/Cell Phone:		Work/Cell Phone:	
Email: Parent	Email:	Parent		
child has any extra sup	re we are able to offer your child port needs (e.g. Autism) or has o herapy, Supported Child Develo	ther suppor	rt services i.e. Centre for A	bility,
	nother CNH program? □ No □	-		
Do you have another cl	hild attending a CNH program?	□ No □ Y	es If yes, which program?	
Do you work in the Ren	nfrew Collingwood area? 🗖 No 🛭	☐ Yes If yes	s, work postal code	
CNH has a priority sys	stem that offers spaces first to th			•
		•	Group:(offi	
	NTEE A SPACE, though every efform a child care space will be made by t			
If you are interested in	Family Child Care, please call Wes	tcoast Child	Care Resource Centre at 604	-709-5661.
Parent Signature:		Date:		

**Notes**