



821 McIrvine Road
 Fort Frances, ON P9A 3X7
 Phone 807-274-7244 Fax
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Office use Only		
<input type="checkbox"/> Infant Room	<input type="checkbox"/> Toddler Room	<input type="checkbox"/> Preschool Room
Date child turns 6 months:	Date child turns 18 months:	Date child turns 30 months:

Abinoojii Gamig Child Care Centre Infant and Toddler Wait List Application Form

Child's Information

Child's Name:		
Date Requiring Care to Begin:		
Indigenous Ancestry:		
<input type="checkbox"/> Status First Nation <input type="checkbox"/> Non-Status First Nation <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Indigenous		
Other (please identify): If your child is Non-Status First Nation, please identify the band or First Nation Community they are associated with:		
Date of Birth:	Age:	Gender:
Month: ___ Day: ___ Year: ___		<input type="checkbox"/> Male <input type="checkbox"/> Female
Does your child have special needs or do you suspect your child may have special needs? No: ___ Yes: ___ If yes, please briefly explain:		
Does your child have any allergies (please list).		

Parent/Guardian Information

Name of Primary Caregiver:	Relationship to Child:	Phone Number:	Employment Status: And Location, if applicable:
Employment Status: F=Full Time P=Part Time SW= Shift Work U=Unemployed S=Seasonal B=Training/School			
Home Address:	Town:	Province:	Postal Code:
Home Phone:	Work Phone:	Work Phone (2 nd Parent):	
Email Address:			

Age Groups

Infant Room – 6 to 18 months

Toddler Room – 18 months to 2.5 years

Preschool Room (Head Start) – 2.5 to 5 years – Separate Application Form

Parent/Guardian Information Continued

Foster Parents Please complete:		
Name of Agency: Phone Number:		Name of Worker: Phone Number:
Family Structure: <input type="radio"/> Single Parent <input type="radio"/> Two Parent (Biological) <input type="radio"/> Two Parent (Parent/Step-Parent) <input type="radio"/> Adoptive Parents <input type="radio"/> Foster Parents <input type="radio"/> Other		Annual Household Income: <input type="radio"/> No Income <input type="radio"/> Less than \$20,000 <input type="radio"/> \$20,000 to \$40,000 <input type="radio"/> \$40,000 to \$60,000 <input type="radio"/> Over \$60,000
Number of People in Household:	Number of Children:	Number of Adults:
Do you have another child currently enrolled in the Abinoojii Gamig Child Care Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have another child on our wait list? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be applying to the Rainy River District Social Services Administration Board (DSSAB) for childcare fee subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please initial each statement below:		Initial
I understand that this is the first step in the application process and does not guarantee a space within the child care centre.		
I understand that if my child is accepted into the Abonoojii Gamig Child Care Centre, I will be contacted to set up a registration visit to complete additional application/registration papers.		
I understand that there is specific and mandatory selection criteria that must be met to be eligible for the Head Start/Preschool program. And that it is not guaranteed that children who attended the infant and toddler programs will get a spot in the AHS program UNLESS they meet the mandatory selection criteria and if there is a space available.		
Parent's/Guardian's Name (please print): _____ Signature: _____ Date: _____ (dd/mm/yy)		
Date Registration was Received:		
Registration Received By:		
Supervisor's/Assistant Supervisor's Signature:		

Completed wait list application forms can be submitted via fax, email or in person. If your child is accepted into the Abinoojii Gamig Child Care Centre, we will contact you to set up a visit to complete additional registration information and to tour our facility. Please let us know if you have any updates to your contact information or would like to remove your child from the waitlist.