

CHILD CARE WAIT LIST APPLICATION

(**Please note that completing this form does not guarantee your child a spot in a childcare centre**)

Please indicate which child care centre(s) you are applying for (select all that apply):

- ☐ **Tall Oaks Atelier** (Fort Frances, co-located with Robert Moore School)
- ☐ **Pathways Atelier** (Fort Frances, co-located with St. Mary School)
- ☐ **Stepping Stones Atelier** (Emo, co-located with Donald Young School)
- ☐ **Northern Lights Atelier** (Atikokan, co-located with Northern Lakes K-12 School)
- ☐ **River's Edge Atelier** (Rainy River, co-located with Rainy River K-12 School)

CHILD CARE REQUIREMENTS (check all that apply)					
Type of care required:	☐ Full-time		☐ Part-time		☐ Drop-in
☐ Before school	☐ After school	☐ School age P.D Day care		☐ School age summer care	
Desired start date:					
Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday
Desired Drop Off Time					
Desired Pick-up Time					

CHILD INFORMATION (PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD YOU WISH TO ADD TO THE WAITLIST)			
Full Legal Name:			Date of birth: (dd/mm/yyyy)
To ensure your child has the best possible experience in our program, we want to make sure that the necessary supports are in place before they start. If there are any specific needs or considerations that would help us better understand how to support your child, please feel free to share.			
If you are comfortable, please share the names of any services or agencies involved with your child (e.g. Developmental Services, Northwords Speech & Language, Occupational Therapist, etc.). This will help us understand how to best support your child.			
To help ensure your child's health and safety, please let us know if your child has any allergies or needs an epi-pen. ☐ YES ☐ NO ☐ EPI-PEN REQUIRED			

CHILD CARE WAIT LIST PRIORITY

Please check if any of the following apply to you:

Are you a DRRSB childcare employee?

☐ YES

Are you a DRRSB Paramedic?

☐ YES

Are you a Physician working in the Rainy River District?

☐ YES

Is this for a sibling of a child already enrolled in our program?

☐ YES

Sibling's Name: _____

Do you participate in Ontario Works (OW) or the Ontario
Disability Support Program (ODSP)?

☐ YES

PARENT/GUARDIAN INFORMATION:

First and last name:		Relationship to child:	
Primary phone number:		Alternate phone number:	
Home Address:		Postal Code:	
Mailing Address: (if different)		Email Address:	

If Child is in Care, please complete:

Name of Child Welfare Agency:	
Case Worker Name:	
Case Worker Phone Number:	
Case Worker Email Address:	

CHILD CARE FEE SUBSIDY

Fee Subsidy can help you with your childcare fees. It provides financial support to those who qualify to assist with the costs of licensed childcare. All families are welcome to apply. For more information or to apply, please visit our website at www.rrdssab.ca or call us at (807) 274-5349 ext. 231.

By submitting this application, I consent to the collection of this information for the purpose of supporting my child's participation in the childcare program. I understand that I can withdraw or update my consent at any time by contacting the District of Rainy River Services Board.

Completed forms can be submitted by:

Mail or Drop-off: District of Rainy River Services Board, 450 Scott Street, Fort Frances, P9A 1H2
(after hours drop box located by main entrance)
Fax: (807) 274-0678
Email: angela.siemens@rrdssab.ca

If you have questions regarding the child care wait list application, please call (807) 274-5349 ext. 226.

To access our child care waitlist policy, please visit our website at www.rrdssab.ca