



## NBMFRC Early Learning and Care Centre

A45 St., Lawrence Avenue

Oromocto, NB E2V 4J5

Tel (506) 422-2000 ext. 3064 Fax (506) 422-1444

Thank you for applying to be on our wait list! Your child will be placed on the list in accordance with the date we receive your application form.

Please circle the one that applies to one or both parents of the child/children you wish to enroll.

### Fulltime Regular Serving Member

### Reservists Class B Permanent

We will contact you as soon as a space becomes available for your child, the following conditions will apply:

If we contact you **before your requested start date**:

- You may turn down the space; your status on the waiting list will remain, with no guarantee of when the next spot will open up.
- If you wish the spot to be secured until your requested start date you may pay full time fees to do so.
- You can accept the spot immediately you can begin bringing your child right away and paying full time fees.

If we contact you **after your requested start date**:

- You can accept the spot immediately you can begin bringing your child right away and paying full time fees.
- You may turn down the space and if you wish to change your requested start date, you will be asked to fill out a new application.

### Family Information:

#### Parent/Guardian 1

Name	_____	Address	_____
Home phone	_____	Work phone	_____
Cell phone	_____	Email	_____

#### Parent/Guardian 2

Name	_____	Address	_____
Home phone	_____	Work phone	_____
Cell phone	_____	Email	_____

Please list the children to be added to our waiting list:

Requested Start Date: \_\_\_\_\_

Name	_____	Age	_____	Date of Birth	_____
		Full time care	<input type="checkbox"/>	Afterschool care	AM & PM <input type="checkbox"/> PM only <input type="checkbox"/>

Name	_____	Age	_____	Date of Birth	_____
		Full time care	<input type="checkbox"/>	Afterschool care	AM & PM <input type="checkbox"/> PM only <input type="checkbox"/>

Name	_____	Age	_____	Date of Birth	_____
		Full time care	<input type="checkbox"/>	Afterschool care	AM & PM <input type="checkbox"/> PM only <input type="checkbox"/>

Name	_____	Age	_____	Date of Birth	_____
		Full time care	<input type="checkbox"/>	Afterschool care	AM & PM <input type="checkbox"/> PM only <input type="checkbox"/>

We will make every attempt to keep you informed of the movement of the waiting list, keeping in mind that due to postings, aging up of children currently in our care and so on, it would be difficult to predict your exact place on the list.

We will keep our list as updated as possible by contacting you every **3 months** to maintain current records; we would also ask that you contact us frequently to **update your contact information**.

**By signing below, I am agreeing that I have read and understand the information on this form and confirm that the child/children are dependants of a full time Regular Member or a Reservists Class B Permanent.**

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

#### For office use:

Received Date: \_\_\_\_\_  
Entered Wait List Date: \_\_\_\_\_  
Entered By: \_\_\_\_\_

#### Registration Number:

Date of Birth: \_\_\_\_\_  
Group Requested: \_\_\_\_\_  
Requested Start Date: \_\_\_\_\_

The personal information collected on this form will be used solely for the purpose of processing your application. Your information will be kept confidential and will only be released (if required) to persons or organizations that are authorized to receive that information. Any concerns or discrepancies with this form can be addressed to the Privacy Code Officer at the local MFRC. (MFRC Privacy Code Principle 2, 3, and 5)

