

Children's Services Waitlist Application (PMFRC)				Date of Waitlist Application:	
Child's First Name:		Last Name:		DOB:	
Child's First Name:		Last Name:		DOB:	
Child's First Name:		Last Name:		DOB:	
Do you have a child that is currently attending a PMFRC Children's Services Child Care Program? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the name of the program? <input type="checkbox"/> Lil' Troopers South <input type="checkbox"/> Lil' Troopers North <input type="checkbox"/> Kiddie Kollege <input type="checkbox"/> Private Home Day Care <input type="checkbox"/> OLOS or Valour BAS					
<b>Parent/Guardian #1</b>		Relationship to Child:			
First Name	Last Name	Phone Number (home)	Phone Number (work)	Phone Number (Cell)	Email
Home Address of Parent Guardian# 1 (Apartment number, street number and name)					
City			Postal Code		
<b>Parent/Guardian #2</b>		Relationship to Child:			
First Name	Last Name	Phone Number (home)	Phone Number (work)	Phone Number (Cell)	Email
Home Address of Parent Guardian# 2 (Apartment number, street number and name)					
City			Postal Code		
<b>Child Care Centre</b>			<b>Program</b>		
Lil' Troopers North			<input type="checkbox"/> Toddler (18 mos. to 30 mos.) <input type="checkbox"/> Preschool (30 mos. to 5 yrs.)		
Lil' Troopers South			<input type="checkbox"/> Toddler (18 mos. to 30 mos.) <input type="checkbox"/> Preschool (30 mos. to 5 yrs.) <input type="checkbox"/> Kindergarten Before and After School (44 mos. To 7yrs.) <input type="checkbox"/> Primary/Junior Before and After School (6 yrs. To 13 yrs.)		
Kiddie Kollege Nursery School Program (2.5 hours enrichment program)- 30 mos. To 6yrs.			<input type="checkbox"/> Mon. Wed. Fri. mornings <input type="checkbox"/> Mon. Wed. Fri. afternoons <input type="checkbox"/> Tues. Thurs. mornings <input type="checkbox"/> Tues. Thurs. afternoons <input type="checkbox"/> Mon. to Fri five mornings a week <input type="checkbox"/> Mon. to Fri. five afternoons a week		
Our Lady of Sorrows Before and After School			<input type="checkbox"/> Kindergarten Before and After School (44 mos. To 7yrs.) <input type="checkbox"/> Primary/Junior Before and After School (6 yrs. To 13 yrs.)		
Valour Before and After School			<input type="checkbox"/> Kindergarten Before and After School (44 mos. To 7yrs.) <input type="checkbox"/> Primary/Junior Before and After School (6 yrs. To 13 yrs.)		
Licensed Private Home Day Care			<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten care on non-instructional school days <input type="checkbox"/> School Age Care on non-instructional school days <input type="checkbox"/> Before and After School Care		
<input type="checkbox"/> Military Family <input type="checkbox"/> Civilian Family <input type="checkbox"/> Veteran Family (medically releasing)			<input type="checkbox"/> Part-Time Care (must be complemented by another family) Which Days of the week? _____ <input type="checkbox"/> Full Time Care		
What is the earliest date you would accept a space?			Date:		
Parents Signature:			Date:		