



Waiting List Information

Please fill out all the information in the given space to enroll your child on our waitlist.

Child's Full Name: _____

Child's Date of Birth: _____

Which age group do you need care for your child:

Infant Age range 3 months to 24 months

Preschool Age range is 2 years to 5 years

When do you need child-care e.g., month and year? _____

Why do you need childcare (e.g. School, employment) _____

Is the child already attending another childcare center? If yes, please write the name of the center _____

Parents/Guardian's Telephone Number: _____

Parents/Guardian's Email address: _____

Parents/Guardian's home Address: _____

Is there any agency involved to support the family or to the child _____

If yes, name of the agency _____

Does your child have an anaphylactic allergy that requires an epi pen or diagnosed with any developmental delay?

Yes No Other _____

What is your child allergic to? _____

Will you be applying for government subsidy for your child?

<https://direct3.gov.mb.ca/CCO/FamilyEN>

Yes No