



Central Algoma Licensed Child Care Programs
Application/Waitlist Form

CHILD INFORMATION					
1 st Child	Last Name:	First Name:	Date of Birth: (month/day/year)		
2 nd Child	Last Name:	First Name:	Date of Birth (month/day/year)		
PARENT/CAREGIVER CONTACT INFORMATION					
Parent /Caregiver	Last Name:	First Name:	Phone Number:		
Alternative Phone Number:		Email:			
Address:					
Parent /Caregiver	Last Name:	First Name:	Phone Number:		
Alternative Phone Number:		Email:			
Address:					
ANTICIPATED SCHEDULE					
Expected Start Date: (month/day/year)					
Daycare:	Infant	Toddler	Preschool		
Full Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Half Day	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:			Departure Time:		
Extended Day:	Before	After	Before and After		
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:			Departure Time:		
CHILD CARE LOCATION (please email your application to your preferred location)					
Desbarats Early Learning and Care (New Site at Cass) email: centralalgoma@childcarealgoma.ca Echo Bay Early Learning and Care email: echobay@childcarealgoma.ca Thessalon Early Learning an Care email: thess.elcp@childcarealgoma.ca Home Child Care: Location (Community) email: krowli@childcarealgoma.ca					
Received:	Date:	Time:	Received By:		