



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 ☐	
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: