



PROGRAM CHOICE YMCA Child Care - Hanover
 Hanover School Age Program: Dawnview Hanover Heights Holy Family

 YMCA Child Care - Owen Sound
 Owen Sound School Age Program: Alexandra East Ridge Hillcrest Keppel-Sarawak

If you selected a School Age Program, is it different than the school you have selected? YES NO

If YES, what is your child's Home School? _____

SCHEDULE & NEEDS

When do you require care for your child? Year: _____ Month: _____

Schedule Type: Child Care: Monday - Friday Before School Care: Monday - Friday
 Before and After School Care: Monday - Friday After School Care: Monday - Friday

Specific Hours Needed _____

Does your child have special needs, if so, please describe: _____

PARENT & CHILD INFORMATION

Child First Name: _____ Last Name: _____ DOB/Delivery Date: _____
Year/Month/Day

Home Address: _____
Street Apt # City Postal Code

Parent/Caregiver #1 First Name: _____ Last Name: _____

Email: _____ Work #: _____ Home/Cell#: _____

Parent/Caregiver #2 First Name: _____ Last Name: _____

Email: _____ Work #: _____ Home/Cell#: _____

FEE SUBSIDY INFORMATION **Grey County:** occms.grey.ca/olaf/en-ca/welcome
 Bruce County: brucecounty.on.ca/services/human-services/child-care-fee-subsidy

PLEASE EMAIL THIS FORM TO THE CENTRE OF YOUR CHOICE:

YMCA Child Care - Hanover
 hanoverearlylearning@osgb.ymca.ca
 519-364-4938

Hanover School Age Program
 hanoverbeforeafter@osgb.ymca.ca
 519-364-4938

To book a tour, or to inquire about your status on the wait list, or to inform us of changes to your address or phone number, please contact the Centre directly.

YMCA Child Care - Owen Sound
 owensoundearlylearning@osgb.ymca.ca
 519-371-9622 ext. 1

Owen Sound School Age Program
 owensoundbeforeafter@osgb.ymca.ca
 519-371-9622 ext. 2

Signature: _____ **Date:** _____

FOR ADMIN USE ONLY: Date Received: _____ Program: _____